

Montana Department of Health System Users Manual Site Data System

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Introduction to Enrollments

This document describes the operation of the Montana Cancer Control Programs (MCCP) Site Data Management System.

The Site Data Management System allows you to enter and maintain enrollment information about clients who have enrolled in the MCCP. This information is used to produce reports for staff and contractual sites and provide information to the other data systems, CaST, Post CaST, and MCCP Reports.

The MCCP began collecting data in the Site Data Management System August, 2001.

The program began in the fall of 1996 as the Montana Breast and Cervical Screening Program. In January 2010 CDC, the Centers for Disease Control and Prevention awarded the Montana Breast and Cervical Screening Program with a colorectal grant. That combined with modifications to state structure resulted in the name change to the Montana Cancer Control Programs (MCCP).

Form Protocol

File and store the paper data collection forms in a confidential area for 5 years then shred.

Navigating Access Records

Or how to look at records in Access. The standard access windows have buttons on the lower right side of the window, used to open the records and add a new record.

1. Go to the first record.

2. Go to the previous record.

3. The access assigned number of the current record and the total number of records

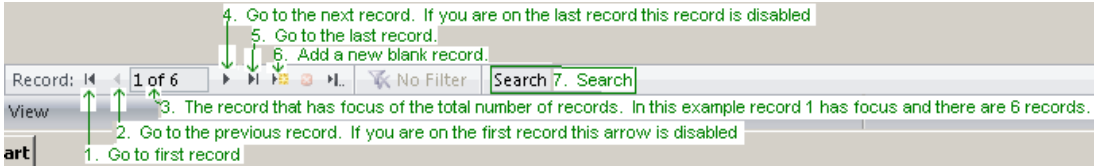
4. Go to the next record.

5. Go the last record.

6. Add a new record.

7. The Search field. To go to a specific record: Click in a column or field that has the data you want to search on. Click in the search text box and enter the first few letters of the data you are looking for. For instances, if you were searching for the insurance company Blue Cross, you would enter the letters Blu.



The record pointer would move to the first record with data beginning with the letters Blu.



Blue Cross-Blue Shield
BSA
Champus
Christian Care Medi-Share
Search field

ord: 1 of 37

Saving data in a record

There is a space to the left of each access record. If it has a triangle pointing to the left in the upper right corner of the window  Blue Cross-Blue Shield the data is saved. When you see a pencil to the left of the record  American Family the record is in edit mode. Microsoft Access automatically saves the record you are adding or editing as soon as you move the cursor to a different record, or close the form.

Patient Enrollment Form

Enrollment

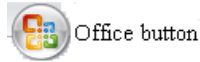
Ethnic/Medical

MEMO Patient Progress


Control tabs: Control tabs are tabs at the top of the form that look like file folder tabs. Each tab is used to access a form. To move forward, through the tabs, hold down the Ctrl key and at the same time press and release the Tab key. To move backward through the forms, hold down both the Ctrl key and the Shift key and at the same time press and release the Tab key. If there is an embedded form on one of the pages the focus will go to the embedded form before going to the next form.

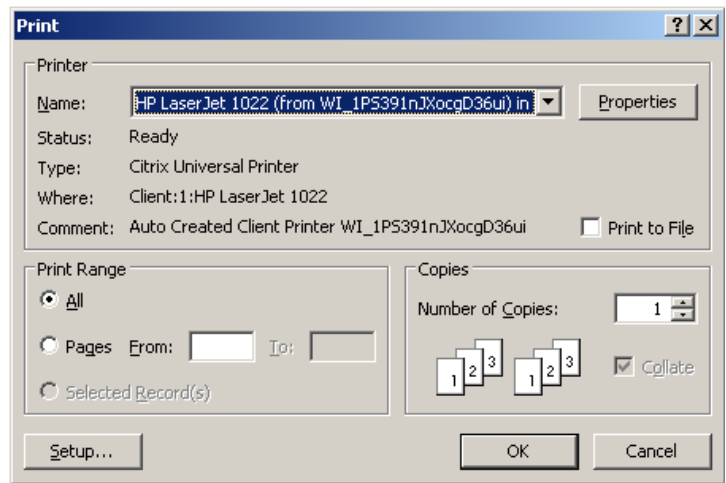
Printing Reports

- To print a report;
Click the Office button and click print
OR



Key Ctrl + p, (both keys at the same time). Both open the print dialogue window.

- Set the Number of Copies: Enter the number of copies you want of each notice. If you want 2 of each notice, enter 2.
- The total number of report pages will show in the record bar at the bottom of the window in the navigation  key
- You may print specific pages. Check the Pages option button. Enter the number of the page you want to print
- You can also page through the notices and print specific notices by entering the Page number of the first page in the From text box and the number of the last page in the To text box. To print one specific page enter the same number in the From To boxes.



Data Entry fields

Calendars



- To fill the date text box with a date, enter the date or
- Open the Calendar form. Click calendar button.
 - Use the year combo box to choose the year
 - Use the month combo box to choose the month
 - Click the day in the month.

To fill a date text box with today's date.



- Open the Calendar form by clicking the calendar button.
- Close the Calendar form by clicking the black X in the upper right corner.

Check boxes: A check box **Breast Prob** ☐ checked sets a field to yes, true, or on, unchecked set a field to no, false, or off. Enter a check in the check box by clicking in the check box with the mouse or by tabbing to the check box and keying the spacebar.





A combo or list box provides a set of choices. Pick one by:

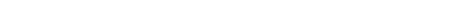
1. clicking the drop down arrow on the right side of the text box
2. use the scroll bar or scroll bar arrow keys to move through the choices. When you find the choice you want, click on it. Once it is highlighted:


b. Use the arrow keys or page up, page down keys to move through the choices and key enter when your choice is highlighted in black.

c. Enter the data in the combo box. Each time you enter a letter the name first on the list with that combination of letters moves to the top. E.g. If you enter “m” you will get all the choices that begin with m. If you then enter “c” the first choice in the list with the letters mc moves to the top.  continue entering until you see the choice you want and key enter. If the name isn't on the list the black highlighting disappears. If you enter the letters "mcclo",  and nothing is highlighted in black, than there are no options with those letters.



Provider Name	Date Referred		
Aagenes ND Nancy	3/31/2008		Form FollowUp
			Form FollowUp
Aagenes ND Nancy	1154479772		
Accupath Diagnostic Laboratories Inc	1235132846		
Accupath Laboratory Services Inc	94072025		
Ackerman, Lorraine	94450204		
Adams, Marybeth J	94408269		
Adams, Timothy	92711735		
Addison, T Brice	1871594754		
Adducci, Joseph	92716770		


 t begin with m. If you then enter “c” the first
 
 continue
 
 the name isn’t on the list the black highlighting
 
 and nothing is highlighted in black,

Option buttons. Option buttons  give the user choices for an answer. The user can pick one.

Text box:  A text box or field is used for data entry with a label or prompt telling the user what to enter. To move from field to field click each field or use the tab key to move forward or the shift + tab key to move backward.

Report Menu Bar:

Click the printer button  on the report menu bar to print a report. Click the find  button on the report menu bar to find a record.


Site Data Management

The find and replace screen:

The screenshot displays the 'Insurance Company Maintenance' application window. The main data grid is empty. The 'Find and Replace' dialog box is open, showing the 'Find' tab. The 'Find What' field contains 'AARP', and the 'Look In' dropdown is set to 'Company Name'. The 'Match' dropdown is set to 'Any Part of Field', and the 'Search' dropdown is set to 'All'. The 'Replace With' field is empty. The 'Find Next' button is highlighted. The application title bar shows 'Insurance Company Maintenance' and standard window controls. The status bar at the bottom indicates 'Record: 2 of 33'.

In some of the maintenance tables you can use the find button to search for a record.

Open the maintenance screen.

Click the find button.

Click in the text box of the field which you want to use as the search field. (In this example I want to find AARP insurance, so I clicked in the Company Name field.)

Enter the text used for the search in the Find What: text box.

To replace the text in a field enter the replacement text in the Replace With text box. You can also type the change in the maintenance table. To change several records use the Replace With text box. Be sure! You can't UNDO!

Make sure the search field in the Look In text box is correct.

Choose the kind of Match. There are 3 choices: Any Part of Field, Whole Field, and Start of Field.

Choose the search area: All, Up, or Down

Click in the Match Case box to match using upper and lower case.

Click the search fields as formatted check box if you to search including the format.

Key Combinations:

To use a key combination such as Ctrl + Tab hold down the Ctrl key and press and release the Tab key simultaneously. To use Shift + Ctrl + Tab hold down the Shift and Ctrl key and press and release the Tab key simultaneously.

Shift+Tab: Moves backward through the fields

Tab: Move forward through the fields.

Page down, Page up: works in drop down combo boxes.

Esc key and Double Esc key: Works similar to an undo. This will erase a record before it is saved if you have not entered another window. Several of the screens have multiple windows.

Embedded Forms:

An embedded form is a form within a form. An example is the history window on the Enrollment form, Enrollment tab. Some of the embedded forms move with other windows. Some like the history window are informational and don't affect any other window.

Can't see the whole window:

Sometimes part of a screen in the site data system doesn't show. You may need to change your screen resolution. If you have an Information Technology (IT) department, have them update your computer settings. Otherwise, call the state for assistance.

Main Menu Overview

**Montana Cancer Control Programs
Site Data Management System**

Prog Version 29
11/05/2010

DATA ENTRY FORMS

- Enrollment Form
- Generate Eligibility Form

PATIENT NAVIGATION

- Patient Navigation
- Patient Status
- Patient Exceptions
- Date From 11/08/2009
- Reinstate Patient
- Open Patients Report

REPORTS

- Finance and Statistics
- Cancer/Pre-Cancer
- Screening and Follow-up
- Quality Assurance Reports
- Audit Reports

MAINTENANCE FORMS

- Progress Notes Type Maint
- FollowUp Status Maint
- Notice Maintenance
- Site Maintenance
- Insurance Company Maint
- Funding Source
- System Maintenance

Poverty Level Data

Number of Dependents	200% Level
1	\$21,660.00
2	\$29,140.00
3	\$36,620.00
4	\$44,100.00
5	\$51,580.00
6	\$59,060.00
7	\$66,540.00
8	\$74,020.00
9	\$81,500.00
10	\$88,980.00
11	\$96,460.00
12	\$103,940.00
13	\$103,940.00
14	\$118,900.00

Active FY 2010

Rights AD
Login cs0552
User Site 99
CDC FY 0304

DATA ENTRY FORMS: This area controls data entry used to track and process clients.

PATIENT NAVIGATION: Patient navigation is used to track and process clients who need extra assistance or have special needs.

REPORTS: Reports provide feedback to evaluate the MCCP program state wide and locally.

MAINTENANCE FORMS: Maintenance Forms are used to enter data that is used throughout the system

Data vs 29: The current date and version of the SDS

Rights: Your rights to use the program. If you have AD you can read and add information. RO is read only

Login: Your state Login ID or C number

User Site: This is the number of the site whose data you are entering. It is copied to every record throughout the system and must coincide with the name of the site you enter in the data.

CDC FY: The current grant year.

Data ver 8
4/22/2009

Rights AD
Login CS3275
User Site 3
CDC FY 0301

Data Entry Forms

Enrollment Form button -CDC and State Tracking Information

Once a client has been determined eligible ([PPM Chpt 4, 5, & 6](#)) and signed the Informed Consent and Authorization to Disclose Health Care Information, ([PPM Chpt 4, 5 & 6 Enrollment and Screening Steps](#)) enter the data in the Site Data System.

It is important to complete all the data fields. Many of the fields you enter are required by the Centers for Disease Control and Prevention (CDC) as part of the Minimum Data Element Submission (MDE) and the Colorectal Clinical Data Elements (CCDE). The data submissions are used to evaluate our programs.

There are 3 tab controls on the Patient Enrollment Form: the Enrollment tab control, the Ethnic/Medical tab control, and the Patient Progress tab control.

The Patient Enrollment Form tab is used to enter the enrollment data information from the paper Enrollment and Eligibility form and transfer data to CaST, the system used to collect data for CDC.

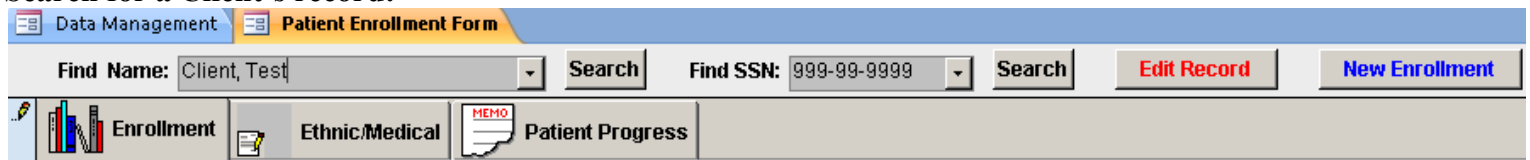
The site tracking information includes data used by the sites to track clients and program progress at the local site level. This site tracking information is entered after the enrollment data is entered and transferred to CaST . If you enter the site tracking information before transferring the enrollment data the site tracking information is not saved. See the Enrollment Form button, Site Tracking Information section

The medical information from the screening and abnormal form is entered in CaST and is used by the CDC. See the section labeled CaST.

Enrollment tab

A client's enrollment span is distinct, separated from other client's enrollment spans by the client's identifiers, (patient id, SSN, date of birth, race) and the date of his/her enrollment. Each client may have multiple enrollment spans distinguished by enrollment date. The patient id is used as a link to all records. When you enter data be sure you have the correct client and the correct enrollment date.

Search for a Client's record:

The screenshot shows the top portion of a web application. At the top, there are two tabs: 'Data Management' and 'Patient Enrollment Form', with the latter being the active tab. Below the tabs is a search section with two input fields. The first is labeled 'Find Name:' and contains the text 'Client, Test'. To its right is a 'Search' button. The second input field is labeled 'Find SSN:' and contains the text '999-99-9999'. To its right is another 'Search' button. Further right are two buttons: 'Edit Record' (in red text) and 'New Enrollment' (in blue text). Below the search section is a row of three tab controls. The first tab is 'Enrollment' and is highlighted with a blue border. The second tab is 'Ethnic/Medical' and has a small icon of a document with a pencil. The third tab is 'Patient Progress' and has a small icon of a document with a red 'X' and the word 'MEMO' above it.

To view an existing client's record use the Find Name and enrollment date combo box or the Name Search button or the Find SSN combo box or SSN Search button. If you search for a client by SSN and you don't find the client's record then search by name and vice versa. This prevents duplicating records in the data.


In the find name text box the birth date is listed with the name to allow you to distinguish between clients with the same name.

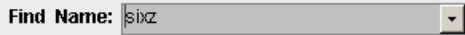
Find Name and enrollment date Search combo box

- 1 Click in the combo box
2. If the name in the combo box isn't highlighted, highlight it.

Enter a client's name.

When you begin to enter the client's name the combo box will display some letters in gray and some letters in black. The characters in gray match some of the characters of a name in the list. The characters in black show the first name on the list that begins with the characters in gray. When the characters in black disappear either you have entered all the characters in the name and enrollment date or there isn't a name that matches the characters in gray.

If you were searching for a client named Test Six, and entered the letters six, you would see six with a background of light gray, a comma, and the letters Test 5/7/2009 in black because the first name on the list with the letters six is six, test. 


If you then enter a "z", the comma and the characters 5/7/2009 would disappear because there is no name in the list with the combination of letters six. 

Or

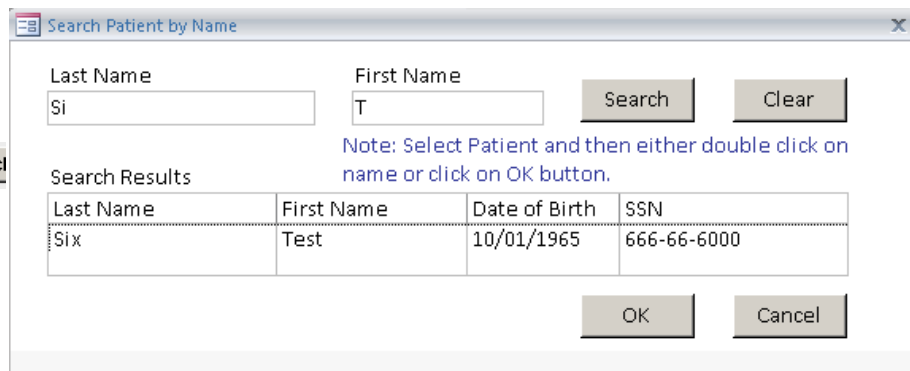
1. Click the drop down arrow
2. Use scroll bar on the right side of the combo box to move to a client's name.
3. Click the client's name.

Find Name Search button

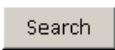
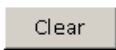
1. Click the search button next to the Find Name combo box.

2. Enter all or part of a client's name.
3. Click Search
4. Click on the name of your choice
5. Click OK
6. If you don't see the client you may click clear and begin again or Cancel and close the window.



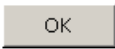
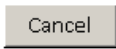
Search Patient by Name

Last Name: First Name:  

Note: Select Patient and then either double click on name or click on OK button.

Search Results

Last Name	First Name	Date of Birth	SSN
Six	Test	10/01/1965	666-66-6000

Find SSN combo box

This works the same as the Find Name combo box. You may enter all or part of a SSN.

Find SSN Search button

This works the same as the Find Name Search button except that you enter a SSN instead of a client's name.

Edit Record button

Once a record is saved click the edit record button to open the record to make changes to the existing data.

Entering a New Enrollment:

See MCCP Policy and Procedure Manual (PPM) Chpt. 2, page 2-1 and Forms Sec., Chpt 4,5, and 6 all have sections on Eligibility: pages 4-2 to 4-3, 5-2 to 5-3, and 6-3 to 6-5, breast cervical and colorectal respectively..

Always use the New Enrollment button.

- Open an enrollment form by clicking the Enrollment button on the main form.
- Click the enrollment tab if it doesn't have focus.
- Click the New Enrollment button. **New Enrollment** This button opens a blank enrollment form and the CK CaST buttons: CkCaST SSN, Ck CaST Last Name, and Ck CaST DOB.
- The Ck CaST buttons access the state screening database. When a client is not in your site and you want to know if he/she is in the MCCP program in another site, use the CK CaST buttons. Enter the SSN, the client's last name, comma, first name, or the client's DOB in the appropriate Ck CaST text box and click the button or key enter. This opens a CaST window with a list of client's whose data matches the data entered. If the window is blank, there are no client's that match the data entered. If you search on SSN and there is more than one client that matches the SSN entered, there is a duplicate in the system. Notify the data manager. If you search on last name or date of birth there may be multiple clients with the same last name listed.
- Compare the client's data on the computer to the client's data on the paper form. If the eligibility dates are the same, the enrollment span has already been entered. If the SSN or DOB differs, check with the client to determine which data is correct. You may need to update previous cycles so the SSN and DOB are consistent for all of the client's enrollment spans. Correct the data in CaST also.
- If the client's SSN and date of birth are correct click the copy button at the right side of the record. The client's SSN, DOB, patient id, last, first, and middle names will copy to the enrollment record. Begin data entry with the address.




Ck CaST SSN	<input type="text"/>
Ck CaST Last Name	<input type="text"/>
Ck CaST DOB	<input type="text"/>

Cast DOB							
DOB	Last Name	First Name	Mid Initial	Maiden Name	Social Sec No	Elig Date	Patient Id
						/ /2000	0300010000
							Copy
Record: 1 of 1 (Filtered)							

If the client isn't in the database the CaST window will be empty. The client is a new client. Close the search window by clicking the black X in the upper right corner of the window. Begin data entry with the SSN

Cast SSN's							
Social Sec No	Last Name	First Name	Mid Initial	Maiden Name	DOB	Elig Date	Patient Id
Record: 1 of 1 (Filtered)							

Field Descriptions:

 Enrollment		 Ethnic/Medical		 Patient Progress	
SSN	<input type="text" value="000-00-0000"/>	Patient Id	<input type="text" value="030001000019097"/>	Program Type	<input type="text" value="CRC"/>
Last	<input type="text" value="McClient"/>	First	<input type="text" value="Test"/>	Middle	<input type="text"/>
				Name Other	<input type="text"/>

SSN: Enter the SSN.

When a client chooses to withhold her/his SSN, give the client a temporary SSN. In the Site Data System click the Audits button under reports. Click Temp SSN. Find the last SSN in the list, add 1 to it and use that as a temp SSN for your client. E.g. If the last SSN is 999-99-9940 then add 1 and use 999-99-9941. Also check the list to see if there is a missing number. E.g. The SSN numbers go from 999-99-9917 to 999-99-9919. 999-99-9918 is not on the list, so that SSN could also be used.

If the client decides to provide her/his SSN at a later time, notify the state office and they will replace the temporary SSN with the one the client provides. If two clients claim the same SSN one of them will be given a temporary SSN and the other will keep the SSN.

Patient Id: The patient id is an auto fill field. If the client is an existing client the patient id populates when you copy the client's data to the enrollment form using the copy function on one of the Ck CaST copy functions. See Entering a New Enrollment above. If the client is a new client the patient id populates when you transfer the data of a new client to CaST by clicking the submit button. See Submit Enrollment Button in the table of contents

Program Type: Enter **BC** for a client who will have breast and/or cervical services. Enter **CRC** for a client who will have only colorectal services. Enter **Both** if the client will have both, Colorectal And Breast/Cervical services. This field is used to determine what services will be included on the Reverse Invoice.

Last: Enter the client's last name. Left double click in the text box to capitalize a letter inside the name, such as the D in McDonald.

First: Enter client's first name. Left double click in the text box to capitalize a letter inside the name, such as JoAnn.

Middle: Enter the client's middle initial (optional).

Name Other: Enter any previous last names the client has used (optional).

Street	<input type="text" value="6th Street NE"/>	Zip	<input type="text" value="59406-"/>	City	<input type="text" value="Great Falls"/>	State	<input type="text" value="MT"/>
Home Phone	<input type="text" value="(406) 666-6666"/>	Work Phone	<input type="text" value="(406) 666-6666"/>	County	<input type="text" value="Cascade"/>		

Street Address: Enter the client's mailing address. Do not enter any punctuation.

Zip Code: Enter the zip code of the mailing address. The city, state and county fields fill automatically when you enter the zip code. If you get a zip code that is not in the database notify the data manager.

At this time

1. Corwin Springs and Gardiner and
2. Evergreen and Kalispell

Have the same zip code. If you have a client from the smaller city that has the same zip code as the larger city, they will be recorded in the larger city.

City: The city fills when the zip code is entered.

State: The state fills when the zip code is entered.

Home Phone: Enter the client's home phone (optional).

Work Phone: Enter the client's work phone (optional).

County: The county name automatically fills when the zip code is entered.

Date Eligible	09/01/2009		DOB	11/1/1950	Gender	Male	
----------------------	------------	-----------------------------------------------------------------------------------	------------	-----------	---------------	------	-------------------------------------------------------------------------------------

Date Eligible: Enter the enrollment date, the date the enrollment span began. The calendar button can be used to select the date. This date must be entered to calculate the client's age. The "Date Eligible" transfers to CaST when you click submit the site data.

To change the Date Eligible:


If you are changing the date of the current enrollment span:

1. Open the Site Data system and find the client's record and the correct enrollment span. Click the Edit Record button
 - a) Enter the new date eligible.
 - b) Click the submit button.
2. Open CaST and find the client's record.
 - a) Verify the Enrollment Date in the Baseline Record.
 - b) Change the Enrollment Date on the user defined tab in the breast record
 - c) Change the Enrollment Date on the user defined tab in the cervical record.
 - d) Change the Enrollment Date on the user defined tab in the colorectal record.

If you are changing the date of a previous enrollment span:

1. Open the site data system and find the client's record(s) and the correct enrollment span. Click the Edit Record button
 - a) Enter the new date eligible.
 - b) Click revised button to turn off the submit enrollment button.
2. Open CaST and find the client's record.
 - a) Change the Enrollment Date on the user defined tab in the Breast cycle concurrent with the enrollment span.
 - b) Change the Enrollment Date on the user defined tab in the Cervical cycle concurrent with the enrollment span.
 - b) Change the Enrollment Date on the user defined tab in the Colorectal cycle concurrent with the enrollment span.

DOB: Enter the client's date of birth. If the date eligible is entered, the age is calculated and auto filled. If you change the eligibility date or the DOB field, a new age will be calculated.

Age	40	Income	\$6,000	Term	Annual		No People	4	Eligibility Level	100%
------------	----	---------------	---------	-------------	--------	-------------------------------------------------------------------------------------	------------------	---	--------------------------	------

Age: The client's age is calculated at the time of the client's enrollment, using the date eligible field and the date of birth. If you change the eligibility date, retype the date of birth and the age will update. If you update the date of birth the age field will update.

Age factors into

Target groups for Breast, Cervical, and Colorectal

- Breast: (PPM Chpt 4, page 4-2) age groups:50 to 64, over 64, 40 to 49
- Cervical (PPM Chpt 5 page 5-2) age group 30 to 64

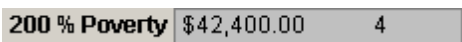
- Colorectal (PPM Chpt 6 page 6-3) age group 50-64
Age Exceptions for Breast, Cervical, and Colorectal
Breast (PPM Chpt 4 page 4-2) under 40 need pre-approval
Cervical (PPM Chpt 5, page 5-2) 18 to 29 pre-approval.
Colorectal (PPM Chpt 6, page 6-3), 40-49.
Women having Mammograms It is expect by CDC that 75% of the mammograms paid for with Nation Breast and Cervical Cancer Early Detection Program (NBCCEDP) funds will be given to women 50 or older. (PPM Chpt 4, 4-3)

Income: Enter the client's adjusted gross annual income. Income combined with No People is used to calculate the client's federal income level. If the client is above 200% of the federal poverty level, he/she is not eligible for the MCCP screening programs. (PPM Chpts 4,5, & 6 Sec B. Eligibility.)

Term: Enter "A" for annually. (Auto fills)

No People: Enter the number of people in the client's household. No People combined with Income is used to calculate the client's federal income level. If the client is above 200% of the federal poverty level, he/she is not eligible for the MCCP screening programs. (PPM Chpts 4,5, & 6 Sec B. Eligibility.)

Eligibility Level: Double click the eligibility level after entering the Age field and No People field; if the percent is 999% the client's adjusted gross income is greater than 200% of the poverty level and the client is not eligible for the MCCP. If

200% Poverty:  200 % poverty shows the maximum adjusted gross income for the client, based on the income and number of people in the household. If the client's adjusted gross income is at 200% of the poverty level the client is still eligible for the MCCP.

Status: This is the status of the enrollment span not the patient. The Patient Status is recorded in CaST in the client's baseline record. Status fills automatically to "Prog" as soon as you open a new enrollment form. You can edit it minimally as follows.

Status	Prog	
Decd	Deceased	
Prog	In Progress	
NonP	Non Participant	
Void	Void	

Decd-When a client has died:

1. If he/she had procedures paid for by the MCCP and the status is "Prog" or "Paid" leave the status as it was and put Deceased in the comments.
2. If the client did not have procedures paid by the MCCP and her/his status is Prog, Void, or NonP, enter Decd in the status field.
3. If the client has records in CaST, open CaST and enter the client's status as deceased in the client's Baseline file in the Current Status text box only after all the claims are paid. Entering deceased before the claims are paid will cause the provider claims to deny.

Prog - means the client is enrolled and the MCCP has obligated funds to pay her/his claims and to pay the contractual site for guiding her/him through the screening process. Prog can only be changed to Void when there are no claims. If the client has claims then the data must be collected.

Paid - When the final invoice is printed, the status field in the enrollment spans for which the site was paid are updated to Paid. This is not editable.

Void Enrollment Spans -An enrollment span that isn't used can be voided.

Check for claims. See the Financial and Statistics button, Claims Patient Inquiry button.

- A. If there are paid claims you must collect the screening data.
- B. If there are no paid claims
 - On the Enrollment Form, Enrollment tab change the Status from “Prog” to “Void”.
 - Enter the date the client was enrolled in the Date Cycle Closed field.
- C. Notify the fiscal agent at Montana Medical Billing that you have voided the enrollment span.


NonP status is a way for the contractual site to track a client that it is actively recruiting for the MCCP program who has not yet committed to using the MCCP program services. Once the client’s data is entered, transfer her/his record to CaST. He/she will be assigned a patient id so the site tracking data can be entered. Her/his CaST status is set to inactive.

Contractual sites and provider claims are not paid for clients with a status of NonP.

When he/she signs his/her informed consent and is enrolled, in order for claims to be paid and for his/her enrollment span to show up on the reverse invoice you must:

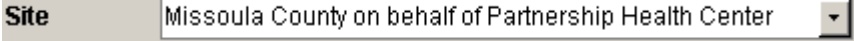
- Change his/her status to Prog in the Site Data System and re-submit the enrollment span to CaST.
- Change his/her status to Active on the Baseline CaST form.

NonP (Pre-Enroll) clients that are not going to be MCCP clients should be voided. If you void the cycle be sure the clients Baseline status in CaST is set to active so if the client re-enrolls his/her claims will be paid and his/her enrollment span will be included on an Payment Summary report.

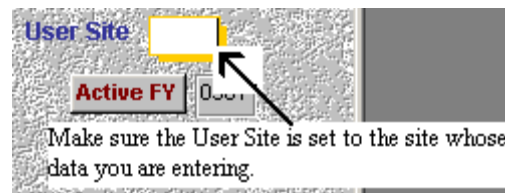
Patient Status Text:  This field transfers to CaST. It goes with the CaST field Patient Status. This is a good place to enter that a client is deceased or that a client has Medicaid or Medicare part B and has aged out of the program. Optional.

Date Cycle Closed: When all of the screening, diagnostic, and treatment data is entered in CaST. enter the date the enrollment span is completed. The calendar button can be used to select the date.

1. If both the breast and cervical screening cycle or the colorectal cycle results are normal, enter the date of the last paid MCCP procedure plus 30 days.
2. If the client had a diagnosis of breast or cervical cancer, colorectal cancer or a pre-cancer and enters the Montana Cancer Screening Program Treatment Program, enter the date of the last paid MCCP procedure. (PPM Page 4-4 Sec E, Page 5-5 Sec E.)
3. If you void the client’s enrollment span, enter the date the client was enrolled in the Date Cycle Closed field

Site: 

The Contractual Site field fills automatically. The data to auto fill this field is copied from the site data on the main form. If the site on the main form is incorrect the site will be recorded incorrectly throughout the system.



If you have a client from another contractual site, call that site and discuss how you want to manage the client and the forms. You cannot enter the client in another contractual sites data.

Approved by: **Approved By** Baker, Melissa **FY** 0302 Enter the name of the person who determined the client was eligible for the MCCP program. The combo box lists the people at your contractual site with a state C(S) numbers, but you can enter someone not on the list.

FY: Enter the FY (fiscal year) the contractual site was or will be paid for processing the client. It is filled automatically when you click the SUBMIT Enrollment button, but you can edit it. If you revise a record, and resubmit the record make sure the FY is not changed.

Client's Source(s)	Other Description	Comments	Client History
▶ TV		Test client	666-66-6000 Six Test 10/01/1965 01/01/2009 NonP
Poster			666-66-6000 Six Test 10/01/1966 06/01/2007 Prog
Other	test		
*			

Client's Sources: Enter how the client heard about the MCCP program. To track the number of clients screened as a result of a planned activity such as a screening event or a campaign, enter "other" in the source column. This unlocks the row in the Other Description column and you can enter the name of the screening event or campaign. The number of clients will show up on the Source Report in the Finance and Statistics reports section.

Comments: Enter any additional comments regarding the current enrollment span. (optional).

Client History: The Client History field shows all enrollment cycles for the current client. The client's SSN, name, date of birth, enrollment dates and status of the enrollment span. You cannot move from one enrollment span to another by clicking on the enrollment span in the Client History window. Click outside of the client history window to move through the enrollment records.

Date Entered: The Date Entered field is the date the client's record was entered. It fills

Date Entered	4/18/2009 8:35:04 AM	Date Site Paid		<input type="checkbox"/> Show Non Posted <input checked="" type="checkbox"/> Revised
Who Entered	CS3275	Date Changed	5/1/2009 1:00:33 PM	
		Who Changed	CS3275	

automatically when you click the SUBMIT Enrollment button.

Who Entered: The Who Entered field is the login identification number (Login ID) of the person who entered the client's record. It is filled automatically when you click the SUBMIT Enrollment button

Date Site Paid: The Date Site paid field is the date of the invoice that the contractual site was paid for processing the client. It is filled automatically when the final invoices are created.

Date Changed: The Date Changed field is the date when a change was made to the record. It fills automatically when the SUBMIT Enrollment button is clicked.

Who Changed: The Who Changed field is the login ID of the person who changed the record. It fills automatically when you click the SUBMIT Enrollment button

Show Non-Posted: A checkmark in the Show Non Posted check box limits the records displayed to the records that have not been submitted to CaST. To see the records that have been submitted to CaST click in the checkbox; the checkmark is erased and all the records show. The area around the SUBMIT Enrollment button is highlighted in yellow when it is activated.

Revised: When revised is checked it indicates the information in the client's record has been changed. When you revise the client's record the area around the SUBMIT Enrollment button is activated and you must resubmit the client's record to CaST. If the enrollment span is not the current, you may click the revised checkbox and turn the

Submit Enrollment function off, so you don't have to transfer the data. If it the most current enrollment span then you must resubmit the data.

Date Posted to CaST: The Date Posted to CaST field is the date the client's record was transferred to CaST. It fills automatically when you click the SUBMIT Enrollment button.

Date Posted to Cast	5/6/2009 11:57:45 AM
Who Posted	CS3275

Who Posted: The Who Posted field is the login ID of the person who posted the client's data to CaST. It fills automatically when you click the SUBMIT Enrollment button

Click the Ethnic/Medical tab to complete entering the enrollment span data.

Ethnic/Medical tab

The screenshot shows the 'Patient Enrollment Form' with the 'Ethnic/Medical' tab selected. The form contains the following fields and sections:

- Enrollment Tab:** Includes 'Last' and 'First' name fields.
- Ethnic Background:** Radio buttons for 'Hispanic', 'Not Hispanic', and 'Unknown'. Below are six race selection fields: 'Race 1', 'Race 2', 'Race 3', 'Race 4', 'Race 5', and 'Race 6', each with a dropdown arrow.
- Health Insurance:** A section with checkboxes for 'Health Ins', 'Insurance Company', 'Medicaid', and 'Medicare B'.
- Breast Problems:** A checkbox labeled 'Breast Prob'.
- Breast Implants:** A checkbox labeled 'Breast Implants'.
- Previous Mammogram:** A checkbox labeled 'Previous Mam' and a date field labeled 'Date Previous Mam'.
- Previous Pap:** A checkbox labeled 'Previous Pap' and a date field labeled 'Date Previous Pap'.
- Hysterectomy:** A checkbox labeled 'Hysterectomy'.

The data on the ethnic/medical form links to the current record; the record of the client and enrollment span open on the enrollment tab.

Last Name: The last name field fills automatically with the last name of the current client.

First Name: The first name field fills automatically with the client showing on the enrollment form tab.

Ethnicity: Click Hispanic, Not Hispanic or Unknown. If unknown, please verify this with the client.

Race: Enter the races chosen by the client. You can use the drop down arrows to choose a race.

Breast Problems: Enter a check mark if the client is having breast problems.

Breast Implants: Enter a check mark if the client has breast implants.

Previous Mam: Enter a check mark if the client has had a previous mammogram. If a date is entered in the Date Previous Mam field, then this field must have a check mark.

Date Previous Mam: Enter the date of last mammogram previous to the enrollment date. If there is a check mark in the Previous Mam check box, enter the date of the previous mammogram. If the client provides only the year, enter June for the month and 15 for the day. E.g. 6/15/yyyy. If the client provides a month and a year, enter the 15th for the day. Accept an estimated time range such as "5 years ago" and convert it to a date.

Previous Pap: Enter a check mark if the client has had a previous pap test. If a date is entered in the Date Previous Pap field, then this field must have a check mark.

Date Previous Pap: Enter the date of the last pap previous to the enrollment date. If you enter a check mark in the Previous Pap field, enter the date of the previous pap test. If the client provides only the year, enter June for the month and 15 for the day. E.g. 6/15/yyyy. If the client provides a month and a year, enter the 15th for the day. Accept an estimated time range such as “5 years ago” and convert it to a date.

Hysterectomy: If the client has had a hysterectomy, key space bar or click the check box for yes; leave the check box blank for no. CaST records whether or not the client had a cervical neoplasia or still has a cervix, as reported on the screening form by the provider. (PPM Chpt 5, page 5-3)

If Montana Medical Billing receives a claim for a Pap test:

- for a client with a hysterectomy and
- the client either had cervical cancer or
- the client still has a cervix
- and the user defined fields Due to Cancer and Still has Cervix are not entered

The claim will be denied.

Enter the data, and ask the provider to resubmit the claim. It should then be paid.

To prevent payment for a pap when a woman is hysterectomy ineligible, enter the hysterectomy data in CaST as soon as you submit the enrollment span to CaST.

To prevent payment of a mammogram, CBE, or Pap test enter the procedure in CaST and mark paid = NO, as soon as the enrollment span is submitted to CaST.

Health Insurance: If the client has health insurance that may cover the charges, key space bar or click the check box for yes, if not leave the check box blank for no.

Insurance Company: Enter the insurance company. To add a new insurance company to the combo box list, use the Insurance Company Maint button on the main screen.

Medicaid: A client with Medicaid is not eligible for MCCP. If you find a client has Medicaid after you enter his/her data, you may need to void the client. (See "Void Enrollment Spans") If the client has Medicaid key space bar or click the check box for yes, if not leave the check box blank for no.

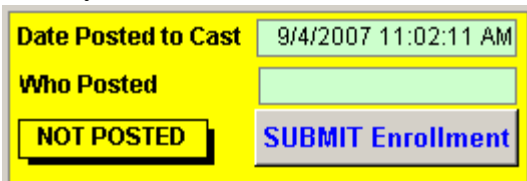
Medicare B: A client with Medicare B is not eligible for MCCP. If you find a client has Medicare B after you enter his/her data, and there are no provider claims void the client. (See Void Enrollment Spans). If it is discovered the client has Medicare B after claims have been paid, enter the data, mark all procedures paid to no in CaST, notify the MCCP fiscal office so they can get a refund.

****DOUBLE CHECK YOUR WORK. USE THE AUDIT REPORTS****

Click on the Enrollment Tab to return to the Enrollment screen.

Submit Enrollment button:

After you have entered the client’s enrollment data and checked it, transfer it to CaST. (Enter the site tracking information on the Ethnic/Medical and Progress tabs, after the transfer. This includes the provider referral, form follow up information, and the information on the patient progress tab.)



Date Posted to Cast	9/4/2007 11:02:11 AM
Who Posted	
NOT POSTED	SUBMIT Enrollment

Click the Submit Enrollment button. The enrollment data will transfer to CaST.

If you are submitting (clicking the Submit Enrollment button)

1. A new client
 - The client will get a patient id (state id for each client).
 - The submit button will transfer the client's enrollment data, SSN, Name, address, etc.
 - The submit button will open a new breast cycle and a new cervical cycle in CaST and transfer the fields; income eligible, Medicare Medicaid, hysterectomy, insured, the date of the previous mammogram and the date of previous pap
 - The fields FY, Date Changed, Who Changed, Date Posted to CaST and Who Posted are populated.
2. An existing client
 - The submit button will transfer the enrollment data to CaST.
 - The submit button **doesn't** open new cycles for you if there is an existing cycle in CaST
 - The fields FY, Date Changed, Who Changed, Date Posted to CaST and Who Posted are populated.
3. A client whose data was changed.
 - As soon as you change the data in a field that is used in CaST the Submit Enrollment button appears.
 - Any new data is transferred to CaST.
 - The fields FY, Date Changed, Who Changed, Date Posted to CaST, and Who Posted are populated. If the FY changes you will need to change it back.
 - Review the client's records in CaST to make sure the data was updated there as well.

Once the data is transferred the Submit Enrollment button and the yellow box disappear. A text box stating the Enrollment has been posted to CaST opens. Click okay. Enter another enrollment or proceed to CaST and enter the client's screening data.

Show Non Posted check box:

This checkbox is an on-off switch. If not checked all the client records are visible. If checked only the clients that have not been transferred to CaST are visible. The claims for these clients will be denied until they are transferred.

Revised checkbox:

If a client's data has been revised the checkbox auto fills with a checkmark.

If the enrollment span is not the most current you may click in the revised checkbox to remove the checkmark without submitting the enrollment span. Make the revisions in CaST if needed. If the enrollment span is the most current re-submit the enrollment to turn off the Revised checkbox.

The screenshot shows a form with two checkboxes on the left: 'Show Non Posted' (checked) and 'Revised' (unchecked). To the right of these are two text input fields labeled 'Date Posted to Cast' and 'Who Posted'. Below these fields are two buttons: 'NOT POSTED' and 'SUBMIT Enrollment'.

Enrollment Form button -Site Tracking Information Section

Transfer the enrollment information to CaST before entering the Site Tracking Information. The site tracking information links to the client's patient id.

The Note field on the Ethnic/Medical tab next to the Make Authorization buttons indicate when you can enter site tracking information. When it says “Must submit enrollment to CaST Before Entering Site Tracking Data”, the site tracking fields are either invisible or locked. Submit the data, page up to another record and page back to the one you were entering. The note will say “Site Tracking Data May be Entered”. Enter the data.

A screenshot of a software interface showing a 'NOTE' box at the top with the text: 'Must submit enrollment to Cast Before Entering Site Tracking Data'. Below the note are two columns of buttons. The left column contains: 'Make BC Authorization', 'Print BC Screening Form', and 'Print BC Abnormal Form'. The right column contains: 'Make CRC Authorization', 'Print CRC Screening Form', and 'Print CRC Abnormal Form'.

To link the site tracking information to the correct record, open the enrollment span on the enrollment tab to both:

- The client whose data you are entering.
- The enrollment span, of the client whose data you are entering.

The site tracking information is used by the contractual sites to track the client's progress at the local site level. The site tracking information includes Provider Referrals, Authorizations on the Ethnic/Medical tab of the Enrollment form and all the information on the Patient Progress form.

Ethnic/Medical Tab

A screenshot of the 'Ethnic/Medical Tab' in a software application. On the left, there is a 'Provider Referrals' section with a table. The table has two columns: 'Provider Name' and 'Date Referred'. The first row shows 'Ackerman, Lorraine' and '2/17/2010'. Below this is a row with an asterisk in the first column and empty fields in the second. To the right of the table are 'Form FollowUp' buttons. On the right side of the tab, there is a 'NOTE' box that says 'Site Tracking Data May Be Entered'. Below the note are the same six buttons as seen in the previous screenshot: 'Make BC Authorization', 'Make CRC Authorization', 'Print BC Screening Form', 'Print CRC Screening Form', 'Print BC Abnormal Form', and 'Print CRC Abnormal Form'.

Provider Referrals

The provider referral window is used to track and retrieve the client's data entry forms from the providers. **It tracks providers the site referred the client to for appointments**

To enter a Referral

1. Open the client's record.
2. Open the enrollment span that has the enrollment date that goes with the provider referral.
3. Click the ethnic/medical tab.
4. Click in the provider name field in the Provider Referral window. The provider referral links to the record that is open on the enrollment tab.
5. Enter the following fields:

Provider Name: Enter or pick the name of the provider who is responsible for completing the screening and/or abnormal form.

If the provider is not on the list, contact the fiscal agent, Laurie DeLong at Montana Medical Billing. Advise Laurie if the provider is not on the list because they are part of a group. The provider will be added into the provider list.

Date Referred: Enter the date most useful to your site. Suggestions are; the date the client was referred to the doctor or the date of the appointment.

6. Click the Form Follow-Up button

Form Follow-up:

The Form Follow-up of Referrals is used to track the screening and abnormal forms; the date to check if the client's forms have been collected, which provider has the forms, and if the forms have been returned to the contractual site.

The information on this form is used to create the MCCP Screening Forms report and the Abnormal Forms Needed Report. (See Main Screen, Screening and Follow-up button under Reports, Screen Forms Follow-Up button and Abnormal Forms Follow-Up button.

To use the Form Follow Up of Referrals

- Click the Enrollment Form button on the main screen
- Go to the record with the client's name and enrollment date which you want to link to the form follow-up information
- Click the Ethnic/Medical tab
- In the Provider referrals grid enter the name of the provider and the date referred. (See Provider Referrals above)
- Click the Form Follow-Up button and enter the following fields

Provider: This field auto fills with the Provider Name on Provider Referrals. This is the name of the provider who will screen the client. If the client will see more than one provider for the enrollment span, enter a second provider on the provider referrals form and open a new follow up form.

Proc Not Needed: Check this column if the client does not need or will not have a procedure during this enrollment span. Enter the name of the procedure in the procedure description column. Leave the rest of the fields in the record blank. Leave the check box blank if the procedure will be done during the current enrollment span.

Procedure Description: Use the drop down arrow to choose the procedure that will be done by the provider.

Breast FU Date: Enter the date. This date is a reminder to contact the provider if you haven't gotten the breast screening forms. The Form follow-up reports used this field to provide a list of clients whose forms haven't been returned and the name of the client's provider.

Cervical FU Date: Enter the date. This date is a reminder to contact the provider if you haven't gotten the cervical screening forms. The Form follow-up reports used this field to provide a list of clients whose forms haven't been returned and the name of the client's provider..

CRC FU Date: Enter the date. This date is a reminder to contact the provider if you haven't gotten the colorectal screening forms. The Form follow-up reports used this field to provide a list of clients whose forms haven't been returned and the name of the client's provider.

Funds: Enter the funding source, the organization or individual that will pay the client's medical claims. To add new funding sources use the Funding Source button on the main menu. See Funding Sources under Maintenance.

Abnormal: This field is used to track abnormal breast and cervical forms. Colorectal cycles use only screening forms. If entering a diagnostic procedure check the box in the abnormal column on the same line as the procedure. This means you expect to get an abnormal form from the provider. The follow up information will be on the Abnormal Forms Follow up report. Otherwise the information will be on the Screen Forms Follow up report. (See the main form, Screening and Follow-Up button under Reports, Abnormal Forms Follow-Up button and Screening Forms Follow-Up button.)

Form In: Check the box if you have collected the screening/abnormal form and entered the procedures. (See the main form, Screening and Follow-up button, Screen Forms Follow-Up button.) If the box is checked the client's record does not show up on the form follow-up reports. If the box is blank the client's record shows up on form follow up reports. (See the main form, Screening and Follow-Up button under Reports, Abnormal Forms Follow-Up button and Screening Forms Follow-Up button.)

Eligibility, Breast Data, Cervical Data: Click the button to see the data for the client's record that is currently open. Use this to check if the data was submitted and entered.



These buttons open view screens that show the client's history.

The Eligibility button shows the client's enrollment history.

The first 3 columns identify the client.

- Patient ID is the client's system patient id
- SSN is the client's social security number
- DOB is the client's date of birth.

The next 4 columns provide the enrollment history;

- Ins is the client's insurance descriptor. "No" means the client does not have insurance
- Enroll Date is the date the client's enrollment span began. In this case, the client was enrolled 4 times.
- Date Closed is the last day of the client's enrollment span.
- Date Notice is the day the client's date closed was entered in the data system.

- Site is the contractual site that enrolled the client.

Eligibility Data								
Patient ID	SSN	DOB	Ins	Enroll Date	Date Closed:	Date Notice:	Site	
030001000 55555	555-55-5555	5/15/1955	No	1/1/2006	1/15/2006	1/15/2006	99	
030001000 55555	555-55-5555	5/15/1955	No	1/1/2005	1/15/2005	1/15/2005	99	
030001000 55555	555-55-5555	5/15/1955	No	1/1/2004	1/15/2004	1/15/2004		
030001000 55555	555-55-5555	5/15/1955	No	1/1/2003			99	

Record: 1 of 4 (Filtered)

The record buttons at the bottom of the screen are used to navigate the client's enrollment spans

- The arrows can be used to set the cursor focus to a specific record. In this screen the black arrow is pointing to the 1st record as indicated in the white text box with a 1 in it.
- 4 (Filtered) means only the client's enrollment spans are displayed.

The Breast Data, Cervical Data and Colorectal Data buttons show the client's screening history in CaST. In this example only the breast data is shown, however if you click the Cervical Data button you will see the same screen, but with cervical data and the same for colorectal data. Patient Id is the client's system number that is auto generated.

Breast and Baseline Data

Patient Id: 030001000 55555 Patient Status: 1 1 = Active

Cycle: 1 Breast Screen Loc: 0010 99

Site: 99 Admin Site Name Cast Enroll Loc: 00100 99

Workup Planned: 2 Not Planned Enrollment Date: 1/1/2006

Final Diagnosis: Date Changed: 1/5/2006

Final Diagnosis Status: B_Closure_Date:

Treatment Status: Treatment Date:

No	Breast Procedure	Proc Date	No	Breast Result	Fed Paid	State Paid	Date Changed
3	Clinical Breast Exam (CBE)	1/5/2006	30	Normal	Yes		1/5/2006
1	Mammogram (Initial)	1/5/2006	1	Negative	Yes		1/5/2006

Record: 1 of 4 (Filtered)

- Patient Status 1 is the client's status. It can be active(1), inactive(3), or deceased(2)
- Cycle is the breast screening cycle – Each cycle begins with a procedure, preferably a CBE or Mammogram and ends with either a not planned diagnostic follow up or a final diagnosis if the workup is planned. This refers to additional procedures needed on the screening form.
- Breast Screen Loc is the code of the site that enrolled the client.
- Site is the name of the contractual site that enrolled the client.
- Cast Enroll Loc is the CaST code of the site that enrolled the client.
- Workup Planned or Additional Procedures can be Planned or Not Planned
- Enrollment date is the date the contractual site begin the client's enrollment span and should coincide with the date the client signed the consent to share information on the back of the enrollment form
- Final Diagnosis is the final diagnosis if there was a planned workup
- Date changed is the date the information was revised and may be blank if the information in the cycle was never revised.
- Final Diagnosis Status: If the client has a planned workup will be Complete, Refused, or Lost to Follow Up
- "B_Closure_Date" is the breast cycle closure date or the date of the procedure that determined the final diagnosis. This will also be the date of the last diagnostic procedure.
- Treatment Status is the status of the treatment when the cycle is closed. It can be complete, refused or lost to follow-up.
- Treatment Date is the date the client's treatment begins.
- No & Breast Procedure are the CaST code and the name for the procedure
- Proc Date is the date the procedure was done.
- No & Breast Result are the code and name of the breast result
- Fed Paid means the procedure was paid with federal funds
- State Paid is used by the state
- Date changed indicated the data for the procedure in this line was changed.
- Record navigation buttons at the bottom allows you to page through each of the 4 cycles and see the procedures done.

- 4(Filtered) indicates that only the clients' breast cycles are displayed.

Make Authorization:

Make Authorization

The Make Authorization button is used to generate the document given to the provider to authorize the client's screening procedures and appointments. You must have the enrollment span associated with the authorization you want to create open on the enrollment tab.

There are 4 choices for Breast and Cervical services:

- Office visit for CBE, pelvic
- Office visit for Pap Smear
- Mammogram, screening or diagnostic
- Follow-up diagnostic exams for abnormal results

There are 3 choices for Colorectal services:

- Office visit for colorectal exam.
- Cancer screening FOBT/FIT
- Colonoscopy

For each procedure the client will have, enter:

- **Check box:** Click the check box so the procedure will be shown on the authorization form as Authorized, otherwise, if not checked, the service will be shown on the form as This Service Not Authorized.

If the client is not eligible for a Pap test and you want this noted on the authorization Do Not click the check box and leave the date, time and select provider fields blank. You also have to choose a No Pap option from the combo box by the No Pap label **No Pap** **Three Normals** on the follow up data on the Patient Progress tab. Then the No Pap option will show up with a note in red on the authorization telling the provider the client is not eligible for the pap test and why.

- **Date:** Enter the scheduled date of the procedure.
 - **Time:** Enter the scheduled time of the procedure.
 - **Select Provider:** Enter the provider who will do the procedure.
- **Preview Authorization:** To view or print the Authorization, click the Preview Authorization button. This feature can also be accessed on the Patient Progress tab of the enrollment form.

The report “Screening Service Authorization” gets information from:

- (First section), the current enrollment form.
- (Service section), this information comes from the data entered on the Authorization for Services screen above. If the user enters a reason the client is not eligible for the Pap test, (see Enrollment form, Patient Progress tab, Eligibility Follow-Up section, and "No Pap" field), and a pap test is scheduled then the reason the client is ineligible for a pap test will show on the authorization.
- #4 of the bottom section the insurance information) the Ethnic/Medical tab Health Insurance – the check box must have a check mark and the health insurance company must be entered.



Click on the printer button on the tool bar to print the form or use the shortcut key combination Ctrl + P

Click on the form to make the view of the form larger or smaller.

Print Screening Form

Print Screening Form:



The Print Screening Form button prints the screening form with the information of the client who is listed on the Enrollment form. The client’s name, phone, admin site, state id, social security number and date of birth fill automatically. This option is on the Ethnic/Medical tab of the Enrollment form.

 MONTANA CANCER CONTROL PROGRAMS		Breast and Cervical Screening Form		 MONTANA Department of Public Health & Human Services	
Client Name McClient Test		Phone Number		State ID 030001000019097	
Social Security Number 000-00-0000		Date of Birth 11/11/1950		Admin Site # 03	<input type="checkbox"/> Revised
CERVICAL CANCER SCREEN RESULTS					

Print Abnormal Form:

The Print Abnormal Form button prints the abnormal form with the information of the client whose record is currently open. This option is on the Ethnic/Medical tab of the Enrollment form.

Print Abnormal Form

 MONTANA CANCER CONTROL PROGRAMS		Breast and Cervical Abnormal Form		 MONTANA Department of Public Health & Human Services	
Client Name McClient Test		Phone Number		State ID 030001000019097	
Social Security Number 000-00-0000		Date of Birth 11/11/1950		Admin Site # 03	<input type="checkbox"/> Revised
Additional Procedures	Date	Results	<input type="checkbox"/> Diagnostic Paid by MBCHP		

Patient Progress Tab

The Patient Enrollment form, Patient Progress tab is used to track client's progress in the MCCP, generate notices and make authorizations

Last and First Name: This is the name of the client open on the Enrollment tab.

Progress Notes:

The progress notes are entered by the staff at the contractual site to record anything needed to work with the client. The site decides how to use this screen.

Date: The date the progress notes were entered.

Type: The type of communication the client and the site used. The site can add, delete or edit types using the

Progress Notes: Type Maintenance screen by clicking the button **Progress Notes Type Maint** on the main menu.

Worker: The worker or contractual site staff person who entered the progress notes. The list of workers is the workers at the site who have a state login id or the "C(S) number".

Progress Note Rpt button:

Progress Note Rpt

The Progress Note Rpt button opens the report that lists all the progress notes and provides a print option. The progress notes are added to the client and enrollment span that is open on the enrollment tab.

If a clients moves to another site communicate with each other. The site who had the client may not realize the client has moved. Put a note in the progress notes, to make a clear distinction when the change occurred. That way only the site with the client will be adding notes. If you see notes from a different site in your client's data, check with the site that entered them.

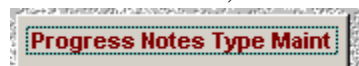
Patient Progress Notes

ID	Name	DOB	SSN
0300010000	McClient, Test	11/1/1950	000-00-0000

Date: 9/23/2009	Progress Note without client contact	Worker: []
Date: 9/10/2007	Type: Note without client contact	Worker: []

Date is the date the notes were entered.

Type: Is the type of note. See Maintenance Forms, the "Progress Notes Type Maint", to create the notes of your choice.



Worker is the person who entered the notes. To be on the drop down list the person must have a login id or C number.

The boxes on the right side of the report show the notes.

Eligibility Follow-Up Form

Edit Followup						
Site	FU Needed	NoPap	Pap2Years	Pap3Years	FU Date	FU Status
8	False		False	False	9/1/2006	Ineligible

This data records the sites next step to tracking the client as he/she progresses through the screening processes; enrolling for a short term follow-up, making appointments, beginning treatment. It provides the data to:

1. Generate a notice or group of notices, see Generate Notice button.
2. Generate the Follow-Up by Status report and the Follow-Up by County report. See Screening and Follow-up button under the Reports Section.

The view window under the Edit Follow up button displays the most current data. To edit the data, click the Edit Follow-up button **Edit Followup** at the top of the window. This opens the Eligibility Follow-up window

Site Data Management		Patient Enrollment Form		Eligibility FollowUp	
Patient Id	030001000009783	FU Date	9/1/2006	FU Status	Ineligible
FU Needed	<input type="checkbox"/>	Follow up Comments and Special Notes Moved out of state.			
No Pap					
Pap Every 2 Years	<input type="checkbox"/>				
Pap Every 3 Years	<input type="checkbox"/>				
Site	8				

Patient Id: The patient Id is automatically filled with the client whose record is open in the enrollment tab form, including the enrollment date.

FU Date: Enter the date when the clients next follow up is due.

FU Status: Enter the reason for the client's next follow up. The Follow-Up Status Maint button on the main form is where the statuses used by the contractual site are maintained.

FU Needed: Check this to indicate a follow up is needed for this cycle.

No Pap: Enter the reason a client is not eligible for a pap. This reason will print on the authorization. If the client has had a hysterectomy due to cervical neoplasia or still has a cervix, she is Pap eligible, leave the No Pap field blank.

No Pap	Liquid Based
Pap Every 2 Years	Hysterectomy
Pap Every 3 Years	Liquid Based
	No Pap
	Three Normals

Site: If a client leaves the current site and moves to another site, enter the site number of the new client so the new site can see the client's record.

Make Authorization buttons

See the instructions for the Make Authorization button on the Ethnic/Medical tab, page 26.

Find Name: McClient, Test 11/1/1950

Search

Find SSN: 000-00-0000

Search

Edit Record

New Enrollment

Enrollment

Ethnic/Medical

MEMO

Patient Progress

Last

McClient

First

Test

Progress Note Rpt

Generate Notice

Make BC Authorization

Make CRC Authorization

Progress Notes

Date

9/23/2009

Make New Authorization or look up a previous authorization

Generate Notice button The generate notice screen is used to generate letters to clients, concerning what they need to do to use the MCCP services. You can generate a letter for one or many clients. The notices use the data from the Eligibility Follow-up form on the Patient Progress tab, Enrollment form.

The image shows a software interface for the 'Patient Progress' tab. It includes a 'MEMO' icon, a 'Patient Progress' title, and two buttons: 'Progress Note Rpt' and 'Generate Notice'.

To generate a notice for a client you first have to complete the fields

- FU Needed
- FU Date
- FU Status

The image shows the 'Eligibility FollowUp' form. It contains fields for 'Patient Id' (030001000017459), 'FU Date' (5/13/2009), 'FU Needed' (checked), and 'FU Status' (Enrolled).

The image shows the 'Notice Generation' screen. It includes fields for 'Patient Id' (030001000017459), 'NoticeName' (Expired Enrollment), 'Notice Desc' (Your enrollment in the Breast and Cervical Program has expired...), 'Closing Comment' (If you have questions please call), 'Contact Name' (Melissa Baker), 'Phone' ((406) 457-8958), 'Site Name' (Lewis and Clark City-County Health Department), 'Street Address' (1930 9th Ave), and 'City State Zip' (Helena, MT 59601). There are buttons for 'Preview Notice', 'Edit Notice', 'Preview All', and 'Edit Name Phone'. A red note states: 'Note: Changes Name or Phone Number in Permanent File'.

Generate a notice for one client.

To generate a notice for one client complete the following fields

Patient Id: This field is automatically filled with the patient id of the client record open on the enrollment tab.

Notice Name: The notice name is the name of the notice description type. Pick a notice. The notice description type can be updated. Click the Notice Maintenance button on the main screen to add, delete, or edit a notice.

The image shows a button labeled 'Notice Maintenance'.

Notice Desc: The notice description is the body of the letter on the notice. The notice description auto fills when you enter the Notice Name. You can change the notice description by typing in the text box. This will change the notice for the current notice only. If you want to make a permanent change to a notice click the Edit Notice button or go to the main screen and click the Notice Maintenance button. (See the "Notice Name" above.)

Closing Comment: The closing comment is the last paragraph in the body of the notice. You can delete, modify, or make up a new closing comment by typing in the text box.

Contact Name: This field auto fills with the name of the contact person entered in the Site Maintenance table. (See the Main Form, Site Maintenance button under Maintenance Forms. You can change the name using the Edit Name Phone button. See below.

Site Maintenance

Phone: This field auto fills with the phone number of the person entered in the Site Maintenance table. (See the Main Form, Site Maintenance button under Maintenance Forms. You can change the name using the Edit Name Phone button. See below.

Edit Name Phone button:

**Edit Name
Phone**

**Note: Changes Name or Phone
Number in Permanent File**

Contact Name:

Phone:

(406) 457-8958

Use the Edit Name Phone button to permanently change the name and phone number of the contact. When you open the form the Contact Name and Phone fields are high-lighted in pink. When you click the Edit Name Phone button, the background of Contact Name and Phone turns white. Change the data in the fields and tab or click out of the field. The name and phone you enter are updated in the Site Maintenance table and will appear on all future notices.

Site Name, Street Address, City, State, and Zip: The site information fields are auto fill fields with the information of the contractual site that is currently using the Site Data System. To update these fields use the Site Maintenance button on the main form. The first address on the Site Maintenance form is the one used on the form assuming the client needs to know the physical location of the administrative site. If you want the site address on the notice to display the mailing address, enter the mailing address in the first street address text box on the site maintenance form.

Preview Notice: Click the Preview Notice button to see what the notice looks like

Preview Notice

Site Name	Daniels County Health Department		
Contact Name	Mary Nyhus		
Site Coordinator	Mary Nyhus		
Street Address	213 Main - Courthouse		
Street Address			
Mailing Address	PO Box 836		
City	Scobey	State	MT Zip 59263
Phone	(406) 783-7554	Ext.	0
Fax	(406) 487-5570		
E-mail	danielsph@nemont.net		

Lewis and Clark City County Health Department
Montana Breast and Cervical Health Program
1930 9th Ave
Helena, MT 59601

[Contact Information](#)

Client's Address
157 S. Main St.
Helena, MT 59601

[Client's Address](#)

Date: Wednesday, April 02, 2008

Dear Rhonda,

[Notice Description](#)

Your enrollment in the Breast and Cervical Program has expired. Our enrollment forms only last for six months. No Breast and Cervical Services are covered without an active enrollment form.

If you would like to re-enroll please fill out and sign the enclosed enrollment form.

Thank you for your participation.

If you have questions please call Melissa Baker at (406) 457-8958

[Closing Comments](#)

[Contact Name and Phone](#)

Print the Notice: See Navigating Access Records.

Generate a Notice for Multiple Clients

1. Click the Patient Enrollment Form. Click the Patient Progress tab. Click the Generate Notice button.

Eligibility FollowUp			
Patient Id	030001000017459	FU Date	5/13/2009
FU Needed	<input checked="" type="checkbox"/>	FU Status	Enrolled

Site Data Management		Patient Enrollment Form		Notice Generation	
Patient Id:	030000000000	Preview Notice		Edit Notice	
NoticeName:	3rd Notice 2	FollowUp Status	2nd Re-Enrollment Notice 3		
Notice Desc:	<p>This is just a reminder that we would like to encourage you to enroll in the Montana Breast and Cervical Health Program. In the past you have participated in this program, which helps pay for annual exams and mammograms.</p> <p>Please fill out the enclosed enrollment form and return it to our office so we can determine eligibility for the program. Once I receive your enrollment form, I will contact you and advise you of your eligibility and assist you with your appointments.</p>				Preview All Date From: 11/19/2008 Date To: 11/25/2008

2. Enter the Notice Name. Enter the name of the notice that will be the body of the letter. In the example to the right it is "Expired Enrollment".

Notices are entered in the Notice Maintenance screen. To create a notice, go to the Main form and click the Notice Maintenance button.

3. Enter the Follow-Up Status: This is the follow up status assigned to the client on the Eligibility Follow- Up form. In the above example it is "Enrolled"
4. Enter Date From and Date To: To generate a notice for a client the FU Date on the Eligibility Follow-up form should be on or between the dates entered in "Date From" and "Date To" range. In the above example the date on the Eligibility Follow Up form is 5/13/2009. To send a notice to this client 5/13/09 is entered in the Date From field and Date To field. It could have been 5/1/2009 to 5/31/2009.
5. Click the Preview All button to view your notice(s).

Preview the notices. Verify addresses, dates, are correct. Page through the notices using the black arrows, on the white buttons, at the bottom left side of the screen.

6. Close the form and open the Progress Notes and Status Updates form: Click the white X in the red box at the upper right corner of the report.

Lewis and Clark City-County Health Department
 Montana Breast and Cervical Health Program
 1930 9th Ave
 Helena, MT 59601

Client Zero
 PO Box 0
 Acton, MT 59002-

Date: Tuesday, May 12, 2009

Dear Client,

Your enrollment in the Breast and Cervical Program has expired. Our enrollment forms only last for six months. No Breast and Cervical Services are covered without an active enrollment form.

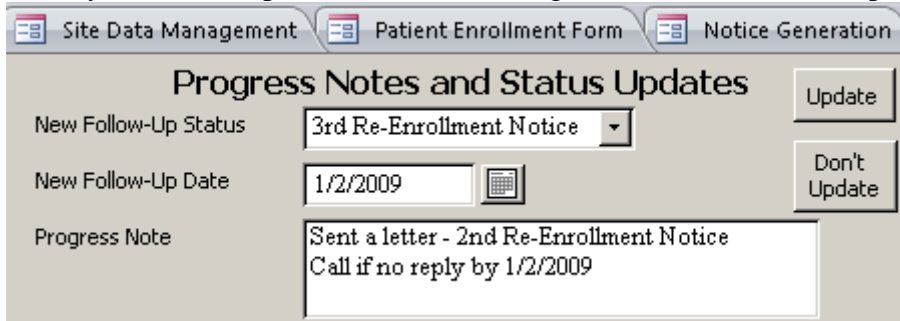
If you would like to re-enroll to have a mammogram covered, please fill out and sign the enclosed enrollment form. You also have the option to wait until August, when your next Well Woman exam is due, and re-enroll at that time. Please let me know what you would like to do.

Thank you for your participation.

If you have questions please call Melissa Baker at (406) 457-8923

Progress Notes and Status Updates window

7. When you close the patient notices the Progress Notes and Status Updates form opens.



8. Update progress notes and statuses of all the clients for which you generated notices. Every client will get the same updates.
- Enter the new Follow-Up Status; click on the arrow on the right side of the New Follow-Up Status combo box. Choose a follow up status that indicates where the clients whose notices you just generated should be in the process of assisting them through screening.
 - Enter the New Follow-Up Date. This is the date that determines when you want to be reminded of what to do next for this client.
 - Enter the Progress Note. This data records what you just did. You might enter, “sent the first re-enrollment notice and the date.

If you don't want to update the follow-up information for the clients you printed notices for, then click the “Don't Update” button on the right side of the Progress Notes and Status Updates window.

9. Write the update information to the system; click the Update button.
10. To see the updates, go to the Enrollment Form, the client's record, and the Patient Progress tab. The Follow-Up Status and Follow-Up Date are entered on the Eligibility Follow Up form. The most current progress note will show today's date, the login of the person who generated the notice, and the progress note you entered on the Progress Notes and Status Updates form.

Generate Eligibility Form button

SSN Last DOB Patient Id

First Middle Maiden

NOTE: A search will automatically be made after entering SSN in the screen above to see if this is an existing Client.

A search may also be made by Last Name First Name (Smith Mary) or DOB.

Ck CaST Last Name

Ck CaST DOB

Print BC Eligibility/Enrollment Form

Print CRC Eligibility/Enrollment Form

The Generate Eligibility Form button generates and prints an Eligibility Form. You may print a blank form or a form with client information auto filled.

For all options from the main form click the Generate Eligibility Form button

To create a blank enrollment form, click the Print BC Eligibility/Enrollment Form button or the Print CRC Eligibility/Enrollment Form button at the bottom of the Generate Eligibility Form window.

To create an enrollment form with fields that are auto filled for a new client.

Enter the following fields:

1. SSN: the client's social security number
2. DOB: the client's date of birth.
3. Skip the Patient Id.
4. Last: Enter the client's last name
5. First: Enter the client's first name.
6. Middle: Enter the client's middle name or initial
7. Click the Print Eligibility Enrollment Form button. The Eligibility form is displayed with the data entered in the top section of the form
8. To print the report click the print button icon on the Site Data Management menu bar.

To create an enrollment form with fields that are auto filled for a client that is an established MCCP client either

1. enter the clients SSN or
2. use the Ck CaST buttons

1. Use SSN to get data

- From the main form click the Generate Eligibility Form button.
- Fill in the SSN field.
- Tab to the DOB (date of birth) field.
- If the client is an established client the CaST Baseline Data On File window will open.
- Click OK to copy the data to the form.
- You can click Cancel and type the data in yourself
- If the client is a new client use the DOB field to ensure that client is not in the system with a different name or SSN. You will have to enter the data.

2. Use the Ck CaST buttons to get data

Ck CaST Last Name	Client
Ck CaST DOB	1/1/1920

- Enter the Last Name in the Ck CaST Last Name text box or enter the date of birth in the Ck CaST DOB text box Click the coinciding Ck CaST button.
- If the client is established, the coinciding grid will open with a list of possible matches. Choose a match by clicking the Copy button on the right side of the grid next to correct client record.
- This fills the fields on the Generate Eligibility Form

- Run the report; click the Print Eligibility/Enrollment Form button.
- Print the report; click the print icon in the Site Data Management menu bar.

Cast Last Names								
Last Name	First Name	Mid Initial	Phone	Social Sec No	DOB	Elig Date	Patient Id	
Client	Test	A	-	111-11-1111	12/11/1936	1/1/2007	03000100000	Copy
Client	Ima	B	(406) 111-1111	222-22-2222	1/27/1939	2/2/2008	03000100000	Copy

Record: 1 of 6 (Filtered)

Cast DOB								
DOB	Last Name	First Name	Mid Initial	Phone	Social Sec No	Elig Date	Patient Id	
12/11/1936	Client	Test	A	(406) 111-1111	111-11-1111	1/1/2007	03000100000	Copy

MONTANA CANCER CONTROL PROGRAMS		Breast and Cervical Eligibility and Enrollment Form		MONTANA Department of Public Health & Human Services	
Eligibility Information					
What is your age?		Do you have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family's yearly income before taxes?		Do you have Health Insurance that MAY cover these services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
No of people in household?		Insurance company			
Enrollment Information					

MONTANA CANCER CONTROL PROGRAMS		Colorectal Eligibility and Enrollment Form		MONTANA Department of Public Health & Human Services	
Last Name		First Name		Middle Initial	Other Last Name Used (if applicable)
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number		State	County
Mailing Address			City	Zip	
Family Income before taxes		No of People in Household		Home/Cell Phone	Work Phone
Do you have Medicare Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have health insurance that might cover these services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company					
Ethnic Background Are you Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		How Did You Hear About This Program? Please check all that apply			
Race Check all races that apply: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black or African American		<input type="checkbox"/> Doctor <input type="checkbox"/> Other Health Care Provider <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> MHO: FHP/Colorectal Program <input type="checkbox"/> TV <input type="checkbox"/> Talking Peer <input type="checkbox"/> Newspaper Article <input type="checkbox"/> Radio <input type="checkbox"/> Family Member <input type="checkbox"/> Community Event <input type="checkbox"/> Other			
Do you use tobacco? - If yes, refer the client to the MT Quit Line.					
Office Use Only					

Patient Navigation

The data collected to track clients who receive Patient navigation is entered using the functions provided by the buttons in the Patient navigation area. A client's patient navigation data cannot be entered until you've entered her screening data.

See the (PPM Chpt 2, page 2-4.) (PPM, Chpt 4, page 4-3) (PPM, Chpt 5, page 5-3)

Patient Navigation button



Clients who had an abnormal clinical breast exam, mammogram or Pap test (PPM Chpt 2, page 2-4) may receive Patient navigation. Enter their data using the Patient Navigation button.

Clients who had a final diagnosis of invasive cancer (PPM Chpt 2, page 2-4) may receive Patient navigation. Enter their data using the Patient Navigation Exceptions button. See the Patient Navigation Exceptions button

Set the Patient Status Filter: Choose the patient navigation filter to see records with a specific Patient Status. Leave the drop down box empty and access all Patient navigation records. The statuses are:

Patient Status Filter:	
Search SSN	Active Patient
Search Name	Complete
	New Patient

- Active Patient: The client is receiving Patient navigation.
- Complete: Don't choose this as a filter. Once the patient status is set to complete the patients record will not show up on this screen. To see the patient's record use the Reinstate Patient button.
- New Patient: Set the filter to new patient to see the clients who are eligible for Patient navigation and have not received patient navigation. These clients need to be assigned to Active Patient or Not Needed status. See Enter Case Status below.
- Not Needed: Don't choose this as a filter. Once the patient status is set to Not Needed the patients record will not show up in this screen. To see the patient's record use the Reinstate Patient button.

A blank screen is displayed if there are no records with that status.

Choose a Client

Search SSN: Enter the client's patient social security number and key enter or

Search Name: Enter the client's last name, first name and data of birth and key enter.

Search SSN	111-11-1111
Search Name	Patient, Ima
	Client_Test
	Patient, Ima 1/10/1955

If the client is not on the list:

- Check the CaST data entry. Refer to the (PPM Chpts. 4,5, and 6, section B Eligibility in a chapters.) to establish eligibility.
- Check the Reinstate Patient list by clicking the reinstate button to see if the Patient navigation is complete.

Verify you are in the correct client's record

Match the fields Last name, date of birth, SSN, and the procedure dates to verify you are entering data in the record of the client you intended.

NameDOB: Patient, Ima 01/11/1955				Patient Status Filter:	
Patient Id	030001000000000	Cycle No	4	Enroll Date	2/9/2011
Last	Patient	First	Ima	DOB	01/10/1955
SSN	111-11-1111	Baseline_Id	10805	Case Id	1111
Cast Breast Procedures - Click for more			Cast Breast	Cast Cervical Procedures - Click for more	
1	Mammogram (initial)	6	Assessment is incomplete, need addit		

Field Definitions upper form:

- NameDOB: Client's Name and DOB
- Patient Id: The client's Patient Id
- Cycle No: The number of the cycle that qualifies the client for Patient navigation
- Enroll Date: The enrollment date of the span that has the cycle that qualifies for Patient navigation
- SSN: The client's social security number
- Baseline Id: The clients record number in CaST
- Case Id: The record number of the client's case

Cast Breast and Cervical Procedures grids columns

Cast Breast	Cast Cervical
-------------	---------------

1. The CaST code for the procedure
2. The name of the procedure
3. The CaST code for the final diagnosis
4. The final diagnosis Case Status text box

Patient ID	1300010000	Patient Status:	1	1 = Active	Screen Location	0010012																											
Cycle	1				Cast Enroll Loc	0010012																											
Site Number	12	Custer County Health Department			Enrollment Date	03/03/2009																											
Work-up Planned	1	Planned			Date Changed	04/16/2009																											
Diagnosis Status	1	Complete			Hysterectomy	Yes																											
Final Diagnosis	6	Invasive Cervical Carcinoma (bx d-	Closure Date	03/05/2008	DueTo Cancer	Yes																											
Treatment Status	7	Treatment started	Treatment Date	03/06/2008	Still Has Cervix	Yes																											
Cervical Comments:																																	
<table border="1"> <thead> <tr> <th>No</th> <th>Cervical Procedure</th> <th>Proc Date</th> <th>No</th> <th>Cervical Result</th> <th>Specimen</th> <th>Fed Paid</th> <th>State Paid</th> <th>Date Changed</th> </tr> </thead> <tbody> <tr> <td>13</td> <td>Pap test</td> <td>3/4/2008</td> <td>32</td> <td>ASC-US</td> <td>Liquid Based</td> <td>Yes</td> <td></td> <td>04/16/2009</td> </tr> <tr> <td>2</td> <td>Colposcopy with biopsy</td> <td>3/5/2008</td> <td>18</td> <td>Invasive Carcinoma</td> <td>Unknown</td> <td>Yes</td> <td></td> <td>04/16/2009</td> </tr> </tbody> </table>							No	Cervical Procedure	Proc Date	No	Cervical Result	Specimen	Fed Paid	State Paid	Date Changed	13	Pap test	3/4/2008	32	ASC-US	Liquid Based	Yes		04/16/2009	2	Colposcopy with biopsy	3/5/2008	18	Invasive Carcinoma	Unknown	Yes		04/16/2009
No	Cervical Procedure	Proc Date	No	Cervical Result	Specimen	Fed Paid	State Paid	Date Changed																									
13	Pap test	3/4/2008	32	ASC-US	Liquid Based	Yes		04/16/2009																									
2	Colposcopy with biopsy	3/5/2008	18	Invasive Carcinoma	Unknown	Yes		04/16/2009																									

The Cast Breast and Cervical buttons above the grids access the client's files in CaST. They show the client's Baseline and Cycle data in detail.

Enter Patient Navigation

1. Choose the Patient Status.

New Patient: All patient navigation records are assigned the status of New Patient.

Active Patient: Choosing the status of Active Patient means the client will receive Patient navigation and the check box next to the label Level 2 indicating the level or patient navigation auto fills.

Not Needed: The client will not get patient navigation. Once the status is set to Not Needed the client's patient navigation record is closed. To open the record use the Reinstate Patient button.

Completed: The client's patient navigation is complete and the data is entered in SDS and CaST. (PPM, Chpt 2, sec D for breast and cervical patient navigation and Chpt 6, page 6-14, Patient Navigation Algorithm and Time Frames.)

Enter the Patient navigation data

Enter the following fields for each client that receives patient navigation

Date of Abnormal 3/4/2009 Date of Abnormal: The date of the abnormal procedure that qualified the patient for patient navigation

Date Complete 5/15/2009 Date Complete. This date is auto filled with the date of the day the Patient Status is changed to Complete.

Patient Comments
3/1/2009. This client will need case management
3/2/2009 Spoke with the provider he will help once he has a result.

Patient comments: Enter notes that assist with the Patient navigation process. This is an optional field for the use of the navigator.

Need Patient Management Plan ☐

Need Patient Management Plan: Check this box to indicate you will implement a Patient Management Service Agreement Plan. (Sec7.B.2.b.)

☐ Breast Cancer
☒ Breast Precancer
☐ Cervical Cancer
☐ Cervical Precancer

Cancers and PreCancers checkboxes: If the client is diagnosed with a Breast or Cervical Cancer or Precancer check the box next to the type of diagnosis.

☐ Medicaid
☐ Other Treatment Funds

Funding sources checkboxes: If the client's services will be paid for by the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) check the box by Medicaid, otherwise check the box by Other Treatment funds

Exception Patient ☐

Exception Patient checkbox: If the client is receiving patient navigation due to a diagnosis of cancer, but her screening tests were normal, check this box.

The screenshot shows the 'Patient Navigation' form. It includes fields for 'Date of Abnormal', 'Date Complete', and 'Patient comments'. There are checkboxes for 'Need Patient Management Plan', 'Breast Cancer', 'Breast Precancer', 'Cervical Cancer', 'Cervical Precancer', 'Medicaid', 'Other Treatment Funds', and 'Exception Patient'. A dropdown menu for 'Patient Status' is open, showing options: 'New Patient' (3), 'Active Patient' (5), 'Complete' (1), and 'Not Needed' (2). A red note states: 'Note: The Patient Status "Active patient", "Not Needed" be changed to'. The 'Exception Patient' checkbox is also shown with 'Level 2' and 'Level 3' options.

- ☒ **Level 2** Level 2 and Level 3 checkboxes: The level 2 and level 3 checkboxes define the level of patient navigation the site is for providing for the client.
- ☐ **Level 3**

Level 2 patient navigation is set to true (the check box has a check) when the client's Patient Status is set to active or Complete. To remove the check mark from the check box set the Patient Status to Not Needed.

Level 3 patient navigation is set to true when either the Breast or Cervical Cancer checkbox is checked. This applies only to invasive breast or cervical cancer. The client may not receive level 3 patient navigation for a precancer.

Close the Patient Navigation record.

Once Patient navigation is complete, including data entry set the Patient Status to Complete.

Patient Navigation records with a status of Not Needed or Complete drop off the list of clients eligible for patient status. Reinstate them using the Reinstate Patient button.

Patient Status button



Choosing a Patient Status in the text box limits the records opened when the user clicks the Patient Navigation button, to those with the status entered in the Patient Status combo box. The user may also leave the drop down box empty and access all patient navigation records. Choose either Active Case or New Patient. The patient navigation records with a status of Not Needed or Complete don't show up on the Patient navigation entry form.

- Active Case: The client is receiving Patient navigation.
- New Case: Set the filter to new case to see the client's who are eligible for Patient navigation and have not been processed. These clients need to be assigned to Active , Complete, or Not Needed status.

Patient Exceptions



The Patient Exceptions window provides a way to enter patient navigation for a client who had normal screening tests, a diagnosis of invasive cancer and needs patient navigation.

Search for the client

Search One, Test 02/01/1950
Enter the clients name in the drop down combo box labeled Search.

Data Management

Patient Exceptions

Last

Client

First

Ima

DOB

11-11-1111

Pat Id

030001000011111

Enrolled

12/1/2010

SSN

371-48-4600

Site

Flathead City-County Health D

Cycle

1

Proc Name

3

Type

B

Date Proc Performed

12/9/2010

Search

Exception Patient Management

Cast Breast

Cast Cervical

Verify the record:

The following fields must match the data of the client receiving patient navigation.

- Enrolled: The date the client enrolled
- SSN: The client’s social security number.
- Site: The site entering the patient navigation.
- Cycle: The number of the cycle with the diagnostic procedure that resulted in a diagnosis of cancer.
- Proc Name: The code of the abnormal procedure that resulted in patient navigation.
- Type: B means patient navigation is required for a breast cycle; C means patient navigation is required for a cervical cycle.
- Site: The site who enrolled the client and will provide patient navigation
- Date Proc Performed: The date of the procedure that determined the final diagnosis of cancer.

Cast Breast button: This button opens a CaST view of the breast cycle(s). To view the procedure that resulted in a diagnosis of cancer page through the cycles. If you click the CaST Breast button when the Cycle type is cervical you get a message saying, “Not a Cervical Procedure”.

Cast Cervical button: This button opens a CaST view of the cervical cycle(s). To view the procedure that resulted in a diagnosis of cancer page through the cycles. If you click the Cast Cervical button when the Cycle type is breast you get a message saying, “Not a Breast Procedure”.

Enter the Patient Status.

Choose the client’s patient status
New Patient is the status of a client who is eligible for patient navigation but the decision to provide patient navigation has not been made. All client records with the status of New Patient must be changed to “Active Patient”, “Not Needed” or “Complete”.

Patient Status

Active Patient	3
Complete	5
New Patient	1
Not Needed	2

Active Patient: The status Active Patient means the site will provide the client with patient navigation. When the Patient Status is set to Active Patient the check box next to the label Level 2 auto fills. Changing the patient status to Not Needed removes the check from the checkbox.

Not Needed: The client will not get patient navigation..

Completed: The client has completed all services, the data is entered in the SDS and CaST, and the client doesn't need any more patient navigation.

Enter the Exception Patient Navigation

Enter the following fields:

Date of Abnormal: The date of the invasive cancer diagnosis, qualifying the client for patient navigation.

Date Complete: The date complete auto fills when the case status is changed to complete.

Patient Comments: Enter any comments that are pertinent to the case. This is an optional field.

Need Patient Management Plan: Check the Patient Management Service Plan if a patient management plan is created.

Date Complete: Auto fills when the patient status is changed to complete

List of cancers: Check the cancer or precancer that applies.

Funding: If the client will be enrolled in the Montana Breast and Cervical Cancer Treatment Program check Medicaid, otherwise check Other Treatment Funds.

Exception Patient: Auto fills when the Patient Status is set to Active

Level 2: Auto fills when the Patient Status is set to Active.

Level 3: Auto fills when a diagnosis of cancer is checked.

Date From text box

Date From 04/21/2008

Exception Patient Management

Date of Abnormal Need Patient Management Plan ☐

Date Complete Patient Complete ☐

Patient Comments

Patient Status

☐ Breast Cancer

☐ Breast Precancer

☐ Cervical Cancer

☐ Cervical Precancer

☐ Medicaid

☐ Other Treatment Funds

Exception Patient ☐

☐ Level 2

☐ Level 3

The Patient navigation data is extracted on or after the date in this box. If you entered 1/1/2009 then you see only records on or after 1/1/2009.

Reinstate Patient



Reinstate Patient opens all of the Patient navigation records

Reinstate Patients

Patient Complete ☒ Search Client, Ima

Cycle No 1 Date Complete 5/5/2055

Last Name Client Site 1

Middle Initial M

SSN 555-55-5555

Date of Birth 5/5/1955

Patient Id 030001000000000 ID 5979

Primary Street PO Box 5

Phone Day (406) 555-5555 Patient Status Complete

Primary City CityName ☐ Level 2

Enrollment Date 5/22/2009 ☐ Level 3

Search for a client by entering a name in the Search combo box.

The only field that is editable is the Patient Complete checkbox. If you uncheck this box and close the record it will show up in either the Patient Navigation screen or Patient Exceptions Screen as a new patient.

Open Patients Report



Montana Cancer Control Programs										
Breast and Cervical Open Patients										
	Cycle	Patient Name	Patient Id	SSN	Date of Abnormal	Diagnosis Due Date	No Days Left	Need MCSP	Patient Status	Comments
Site	Teton County Health Department									
1		Client, Ima	030001000000000	555-55-5555	5/5/2011		5	<input type="checkbox"/>	Active Patient	Client is checking tx options will let us know when she decides.
3		Too, Me	0300001000099999	999-99-9999				<input type="checkbox"/>	New Patient	
Sub Total Teton County Health Department (2 Patients)										
Total Patients		2								

The Open Patients Report lists clients whose status is Active Patient or New Patient. Their patient navigation record will stay open until the Patient Status is set to Complete or Not Needed

In this report Ima Client from site 5 had an abnormal test on 5/5/2011 in her first cycle, that qualified her for patient navigation. Site 5 set her status to Active Patient and is waiting to hear from the client. The client Me Too is a New Patient. Site 5 needs to determine if she needs patient navigation and set her status.

REPORTS

The MCCP reports are for the use of the contractual sites and the state MCCP office to evaluate the success of the program.

If a client can be identified by the information on the report, then that report is confidential, for internal use only. Of course name, address, date of birth, and social security number identify patients; but remember that a unique combination of other data elements may also indirectly identify a client. For example, a client living in a small town may be identified by race, age, or zip code, if he/she is the only person in the area who has used the services of the MCCP.

The data on the reports describes the MCCP program. It cannot be used for statistical analysis about the MCCP without preapproval. It cannot be used to draw conclusion about other populations such as a county or the State.

Finance and Statistics

Invoice Paid Report

Use this report to create the Invoice Paid Report:

1. Click the Finance and Statistics button on the main menu under reports.
2. Enter an Invoice date range: The four quarterly invoices are created at the end of each quarter, 9/30/YY, 12/31/YY, 3/31/YY+1, and 6/30/YY+1. The final invoice is created 8/15/YY+1. Enter the date beginning your date range in the text box labeled "Invoice Period". Enter the date ending your date range in the text box labeled "To".

Examples: If you want to see:

- Invoices for the fiscal year 0301 enter 9/30/07 in the text box labeled "Invoice Period" and 8/15/08 in the text box labeled "To".
- An invoice for one quarter such as the third quarter of 0301, enter 3/31/2008 in both the text boxes.

The Invoice Paid Report shows the details of the reverse invoice or Payment Summary report sent to the sites quarterly. The clients who the sites have been paid for serving are listed on the report.

1. The header shows
The name of the contractual site,
 - The invoice period, when the state fiscal department received the invoice
 - Sent to Fiscal, when it was created
 - Date Entered, when the invoice data was finalized and
 - The Fiscal Invoice Number.
2. The contractual site is paid for assisting clients in the screening process in the Screens Paid section.

Montana Cancer Screening Program Invoice Paid Detail

Yellowstone City-County Health Department

Invoice Period	Sent To Fiscal	Date Entered	Fiscal Invoice No						
12/31/2007	1/24/2008		Y51352						
Screens Paid						Trans Enroll			
Last	First	SSN	Enrolled	DOB	Patient ID	Code	Status	FY	Amount
Total									\$27,370.00

- Fields: Last, First, and SSN are client identifiers.
- Enrolled, is the date the client was enrolled and the beginning of the enrollment span.
- DOB is the client's date of birth, also used as an identifier.
- Patient ID is the system number for the client
- Trans Code is the type of transaction. There are three:
 - Pmt is payment,
 - Adj is adjustment in the event a payment amount was incorrect, and
 - Xfr is transferred from one site to another because the client was in the wrong site, thus on the wrong invoice.
- Enroll Status should always be Paid on the final invoice and Prog on the Payment Summary
- FY is the year of the invoice date.
- Amount is the amount paid to the site for each client they screened.
- Total is the sum of the screening amounts.

- The fields Last, First, SSN, and Patient Id identify the client.
- Cycle tells you which of the client's CaST cycles was managed.
- Invoice is the date of the invoice.
- Level Paid is the level of Patient navigation, Level 1 or Level 2.
- Trans Code is the code of the transaction.
- FY is the fiscal year the invoice was created.
- Amount is the amount of the payment the contractual site received for providing the client with Patient navigation.
- Total is the total amount of the payment the site receives.

		Base Funding	\$5,000.00
		Transportation	\$0.00
		CPS Screens Paid	\$0.00
Fiscal Amount	\$0.00	Total Invoice	<u>\$5,200.00</u>

Source Report

Date From	7/1/2007	Date To	6_/30/2008
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Montana Cancer Screening Program Source by Site - Internal Report

Enrolls Entered From 7/1/2007 to 9/1/2008		
Source Code	# Times Chosen	% Chosen
Yellowstone City-County Health Department		
Cnty PS	39	2.9%
Fair	3	0.2%
Fam\Friend	77	5.8%
Mailing	5	0.4%
Newspaper	18	1.4%
Other	143	10.8%
Pamph\Card	70	5.3%
Poster	10	0.8%
Provider	374	28.2%
Radio	1	0.1%
Re-enroll	531	40.0%
Spec Promo	57	4.3%
Total for Yellowstone City-County Health Department (12 sources)	1328	

To run the Source Report enter dates in the text boxes next to the labels Date From and Date To.
Click the Source Report button.

The report indicates how women in your site heard about the MCCP. A source is the way a client heard about the MCCP. When you enroll a client you enter where they heard about the program on the eligibility form. You can mark one or more of the sources listed and/or you can write one in. This is a good place to record outreach events by entering a description

on the blank line in the section Where Did You Hear about the report
See Entering a New Enrollment, Client's Sources:

Claims Patient Inquiry

The Claim Patient Inquiry button displays the claims submitted by a provider for a specified client. The information provided:

- If a client had paid procedures during an enrollment span.
- If the data submitted to the fiscal agent is the same as the data on the data collection forms.
- The client had denied procedures outside an enrollment span.
- The client’s provider.
- Which claims were denied and which were paid.
- Why the claim was denied.

Following is a description of the fields:

- Name:** The client’s name and date of birth
- Patient Id:** The clients unique identifier used by all system programs.
- Name Search:** The combo box used to search for a specific client.
- Current Street:** The client’s address
- Current Home Phone:** The client’s phone number
- Fiscal Comments:** Comments entered by the fiscal agent.
- CaST Com:** Comments entered in the CaST baseline comments box
- Gender:** The client’s gender
- Prog Type:** The type of enrollment span, Breast and Cervical, Colorectal or Both
- Patient Status:** The enrollment status of the client.

Search for a client:
In the Name Search text box enter the:

1. clients last name
2. a comma
3. a space
4. the clients first name
5. a space
6. the clients date of birth
7. key enter

As the name is entered the closest matching name displays. There are no claims for the specified client if the lower half of the screen, under the words “Claims (Double Click Name for Claims)” is blank. Sites can only see their own clients.

To view a client’s enrollment records click the Eligibility button. To view the client’s breast or cervical cycle data click the Breast or Cervical Data button. To view the client’s colorectal cycle data click the Colorectal Data button.

Claims (Double Click Name for Claims): The grid displays the claim(s) submitted for a client. The fields are:

- **Name:** The client’s name
- **Claim No:** The fiscal number for the claim.
- **SSN:** The client’s social security number.
- **Provider:** The provider who provided the client with the service.
- **Date of Serv:** The date the client had the service.

Claims (Double Click Name for Claims) Show History										
Name	Claim No.	SSN	Provider	Date of Serv	Claimed	Paid	Refund:	ST	Notes	Closed
								MT		Y
								MT		Y
								MT		Y
								MT		Y
								MT		Y

- **Claimed:** The amount claimed
- **Paid:** The amount paid
- **Refund:** The amount of the refund if a refund was received.
- **ST:** The providers state of residency
- **Notes:** Notes added to the record by the fiscal agent
- **Closed:** The claim status; Y the claim is closed, N the claim is open. A claim that has been closed and denied can be resubmitted.
- **(Double Click Name for Claims):** To see the claim detail double click the orange Name field in the Claims grid.
- **Show History check box:** The Show History Checkbox is beneath the Colorectal Data button. To view the claim history for a specific claim check this box, then double click in a claim record's Name field .

At the top of the detail form noted in blue are the words Claim History. Each time the claim was reviewed for payment a detail record was created. In the Claim History Detail Example there are 3 detail records. The claim data is very similar.

The fields in the detail record that are different on each claim are:

- **Batch Number:** The day the claim was reviewed
- **Voucher Number:** The number assigned to the claim by the fiscal system
- **Reason:** A note explaining what's needed.
- **Cast:** The status of the claim. Paid and PayR mean the claim was paid. Anything with Deny means the claim wasn't paid. Pend means the claim is being held pending further information.

Claim History Detail Example

Date Paid: 10/28/2008 Date At Office: 9/28/2008 Claim No: 268442

Claim CPT	88175	Office CPT	88175	ICD9	v76.2	Covrd Chrg	C	Cast	Pend
Claim Amount	\$51.00	Quantity	1	Auth Amount	\$37.01	Paid By Others	\$0.00	Paid Amount	\$37.01
Date Paid	10/28/2008	Batch Number	20080930	Voucher No	5921	Patient Account	13500490	Reason	Pending Review of Eligibility on Date of Svc

Claim CPT	88175	Office CPT	88175	ICD9	v76.2	Covrd Chrg	C	Cast	Pend
Claim Amount	\$51.00	Quantity	1	Auth Amount	\$37.01	Paid By Others	\$0.00	Paid Amount	\$37.01
Date Paid	10/28/2008	Batch Number	20081013	Voucher No	6110	Patient Account	13500490	Reason	Pending Review of Eligibility on Date of Svc

Claim CPT	88175	Office CPT	88175	ICD9	v76.2	Covrd Chrg	C	Cast	PayR
Claim Amount	\$51.00	Quantity	1	Auth Amount	\$37.01	Paid By Others	\$0.00	Paid Amount	\$37.01
Date Paid	10/28/2008	Batch Number	20081027	Voucher No	6308	Patient Account	13500490	Reason	Please send screening form to local site

Red arrows point to: Batch Number, Voucher No, Reason

The remaining fields are the same in each detail record.

- **Claim CPT:** The CPT code on the claim.
- **Office CPT:** The CPT code after being matched to the service in CaST.
- **ICD9:** The ICD9 code on the claim.
- **Covrd Chrg:** N = Not covered, C = Covered, R = Approval Required, S=Surgical Ancillary Charge
- **Claim Amount:** Payment amount submitted by the provider
- **Quantity:** Number of times a client received a service or an object.
- **Auth Amount:** The payment amount authorized by the program.
- **Paid by Others:** The amount paid by other entities such as insurance.
- **Paid Amount:** The amount paid by the M CCP
- **Date Paid:** The date the claim was paid.
- **Patient Account:** The account number of the client in the fiscal system.

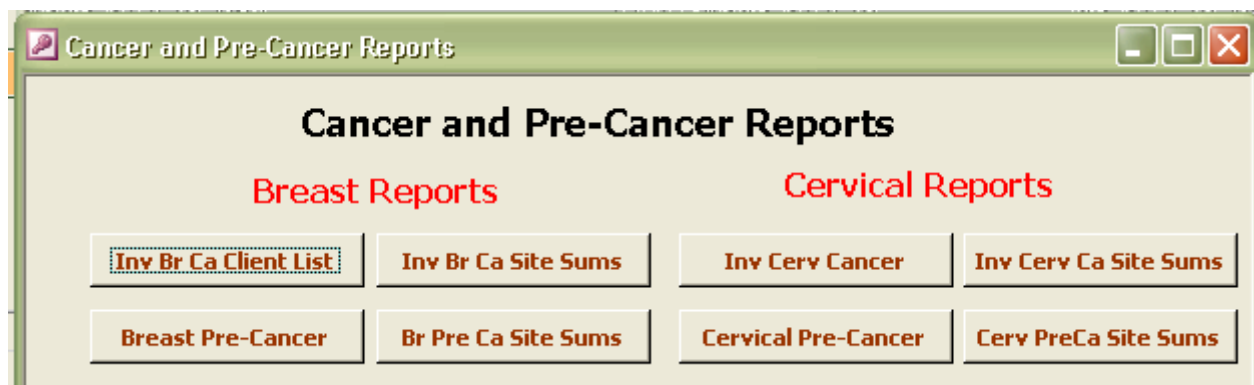
Only the most current detail record is displayed if the Show History check box is not checked. The title is CPT Claim Lines instead of Claim History.

CPT Claim Lines

Total Claimed: \$206.00 Total Paid: \$55.26 Date Paid: 10/28/2008 Date At Office: 9/28/2008 Claim No: 268441

Claim CPT	99396	Office CPT	99396	ICD9	v76.2	Covrd Chrg	C	Cast	PayR
Claim Amount	\$206.00	Quantity	1	Auth Amount	\$55.26	Paid By Others	\$0.00	Paid Amount	\$55.26
Date Paid	10/28/2008	Batch Number	20081027	Voucher No	6425	Patient Account	13495776	Reason	Pending Review of Eligibility on Date of Svc

Cancer/Pre-Cancer



Breast Reports

Montana Cancer Screening Program Women with Invasive Breast Cancer by Site by Fiscal Year

Lewis & Clark City-County Health Department

FY	Name	SSN	County	Close Date	Stage
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- Click the Inv Br Ca Client List button on the Cancer and Pre-Cancer Reports Menu

This is a list of clients who have had invasive breast cancer by fiscal year. If unknown is listed as staging the client's cancer has not yet been staged or updated from the tumor registry. The fiscal year of the cancer is the same as the year of the date of the final diagnosis. The date the report was printed and the path to the report are at the bottom of the page.

Inv Br Ca Client List

To run this report:

- Click
- the Cancer/Pre-Cancer button on the main menu

Inv Br Ca Site Sums

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu
- Click the Inv Br Ca Site Sums button on the Cancer and Pre-Cancer Reports Menu

This report shows the number of Invasive Breast Cancers, grouped by stage by fiscal year. The fiscal year of the cancer is the same as the year of the date of the final diagnosis. The Site Total is the number of Invasive Breast Cancers diagnosed by the site since they screened women for the MCCP. The date the report was printed and the path to the report are at the bottom of the page.

Montana Cancer Screening Program Invasive Breast Cancer Diagnosed by Site by Fiscal Year

Lewis & Clark City-County Health Department

Fiscal Year	Staging	# Cancers
02 - 1997	AJCC Stage I	1
:		
11 - 2007	AJCC Stage I	3
	Unknown	1
0302 - 2008	AJCC Stage II	1
0302 - 2009	AJCC Stage II	1
Site Total		27

5/19/2009 12:06:56 PM

Report: Site Data System - Cancer and Pre-Cancer Reports - In Br Ca Site Sum

Breast Pre-Cancer

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu
- Click the Breast Pre-Cancer button on the Cancer and Pre-Cancer Reports Menu

Montana Cancer Screening Program

Women with Breast Pre-Cancer by Site by Fiscal Year

Lewis & Clark City-County Health Department

FY	Name	SSN	Diagnosis	Date	County
0301 - 2008					
0302 - 2008					

Tuesday, May 19, 2009

File: Site Data System - Cancer and PreCancer - Breast Pre-Cancer

Page 1 of 1

This report is a list of clients by site who had a diagnosis of Ductal Carcinoma In Situ (DCIS) or Lobular Carcinoma In Situ (LCIS). The fields are the fiscal year; the year when final diagnosis occurred, the client's identifier, Name and SSN, the final diagnosis, the date of the final diagnosis, and the county of the client's residence. The date the report was printed and the location of the report are at the bottom of the page.

Br Pre Ca Site Sums

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu
- Click the Breast Pre-Ca Site Sums button on the Cancer and Pre-Cancer Reports Menu

Montana Cancer Screening Program

Breast Pre-Cancers by Site by Program Year

Lewis & Clark City-County Health Department

Fiscal Year	Final Diagnosis	# Pre-Cancers
6 - 2002	Ductal Carcinoma In Situ (DCIS) - Stage 0	1
9 - 2004	Ductal Carcinoma In Situ (DCIS) - Stage 0	2
11 - 2006	Ductal Carcinoma In Situ (DCIS) - Stage 0	1
301 - 2008	Ductal Carcinoma In Situ (DCIS) - Stage 0	1
302 - 2008	Ductal Carcinoma In Situ (DCIS) - Stage 0	2
Site Totals		7

5/19/2009 12:53:21 PM

File: Site Data System - Cancer/PreCancer/Br Pre Ca Site Sums

This report sums the number of pre cancers detected by a site by program year by type. The date printed and the report location is in the footer of the report.

Cervical Reports

Inv Cerv Cancer

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu.
- Click the Inv Cerv Cancer button on the Cancer and Pre-Cancer Reports Menu.

Montana Cancer Screening Program

Women with Invasive Cervical Cancer by Site by Fiscal Year

Lewis & Clark City-County Health Department

FY	Name	SSN	County	Date	Stage
----	------	-----	--------	------	-------

Tuesday, May 19, 2009

File: Site Data System-Cancer/PreCancer-Inv Cerv Cancer

Page 1 of 1

The Women with Cervical Cancer by Site by Fiscal Year report displays a record for each client diagnosed with Cervical Cancer by that contractual site. The fiscal year is the year of the diagnostic procedure that was used to determine the client has cancer. The Name and SSN identify the client. The County is the location of the client. The date is the date of the definitive procedure. The stage is the stage of the cancer. If it is unknown, it has not yet been received from the tumor registry.

Montana Cancer Screening Program

Invasive Cervical Cancers by Site by Program Year

Inv Cerv Ca Site Sums

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu.
- Click the Inv Cerv Ca Site Sums button on the Cancer and Pre-Cancer Reports Menu.

The Cervical Cancers by Site by Program Year Report sums the number of Cervical Cancers and staging by program year.

Lewis & Clark City-County Health Department

Fiscal Year	Staging	# Cancers
05 - 2001	AJCC Stage II	1
08 - 2003	AJCC Stage II	1
0302 - 2008	AJCC Stage II	1
Site Total		3

5/19/2009 2:20:48 PM

File: Site Data System - Cancer/PreCancer - Inv Cer Ca Site Sums

Cervical Pre-Cancer

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu
- Click the Cervical Pre-Cancer button on the Cancer and Pre-Cancer Reports Menu

Montana Cancer Screening Program

Women with Cervical Pre-Cancer by Site by Fiscal Year

Rosebud County Health

FY	Name	SSN	Final Diagnosis	Date	County
----	------	-----	-----------------	------	--------

Tuesday, May 19, 2009

File: Site Data System - Cancer/PreCancer - Cervical Pre-Cancer

Page 1 of 1

The Women with Cervical Pre-Cancer by Site by Fiscal Year report is a list of clients who were diagnosed with a cervical pre-cancer by fiscal year by site.

Cerv PreCa Site Sums

To run this report:

- Click the Cancer/Pre-Cancer button on the main menu
- Click the Cerv PreCa Site Sums button on the Cancer and Pre-Cancer Reports Menu

The Cervical Pre-Cancers by Site by Fiscal Year shows each site the number of cancers diagnosed and the stage at which they were diagnosed by Fiscal Year.

Montana Cancer Screening Program

Cervical Pre-Cancers by Site by Fiscal Year

Rosebud County Health

FY	Final Diagnosis:	# Pre-Cancers
6 - 2002	CINII/moderate dysplasia (bx dx)	1
	High Grade SIL (bx dx)	1
FY Total		2
8 - 2004	CINII/moderate dysplasia (bx dx)	1
FY Total		1
9 - 2004	CINII/moderate dysplasia (bx dx)	1
9 - 2005	CINIII/severe dysplasia/CIS (Stage 0) (bx dx)	1
FY Total		2
10 - 2006	CINII/moderate dysplasia (bx dx)	1
FY Total		1
11 - 2006	CINII/moderate dysplasia (bx dx)	2
11 - 2007		1
FY Total		3

5/19/2009 3:38:33 PM

File: Site Data System - Cancer/PreCancer - Cerv PreCa Site Sums

Screening and Follow-up button

The Screening and Follow-up button opens the Screening and Follow-up Reports form.

BC and CRC

Follow-Up by Status

To run the Follow Up by Status report click

- Click the Screening and Follow-up button on the main form

Cut Off Date: 4/1/2008

FollowUp by Status

- Click the Follow-Up by Status button

The Follow Up by Status report lists the clients by status.

The data for the “Patients Needing Follow Up By Status” report comes from the data entered on the Eligibility Follow-Up form (See Patient Progress tab, Eligibility Follow-Up form) and CaST. To exclude a client from the report the FU Needed check box on the form must be blank.

If a client shows up on the report, but is not in the Site Data System, check in CaST. The last enrollment may have been before the Site Data System was in use. If so review the client in CaST. If the client is still a potential client follow the site process for re-enrollment. When you enter her in the Site Data System you will be able to set her follow-up status. If the client is no longer program eligible ask the data manager to set the client's follow-up needed status to false.

Follow-Up by County

To run the “Patients Needing Follow Up By County” report

- Click the Screening and Follow-up button on the main form

Cut Off Date: 4/1/2008

FollowUp by County

- Enter a cut off date. The report

extracts data on or before the date you enter. E.g. If you want to see all the clients that are due for follow up on 1/20/2008, enter 1/20/2008 or a later date.

- Click the Follow-Up by County button

The Follow Up by County report lists the clients by status by county.

Enrollment Req Follow-Up

To run the Enrollment Req Follow Up report

- Click the Screening and Follow-up button on the main form.

Screening and Follow-up Reports

	BC and CRC	Breast and Cerv	CRC
Cut Off Date: <input type="text"/>	FollowUp by Status	B-C Screening Accomplishments	CRC Screening Accomplishments
Follow-up Interval -> <input type="text"/>	FollowUp by County	Br Dx Pending	CRC Dx Pending
Click button to print only totals	Enrollment Req FollowUp	Cerv Dx Pending	CRC Screening Adherence Pending
Screenings From: <input type="text"/>	Screen Forms FollowUp		CRC Enrolls With No Scrn Adherence
To: <input type="text"/>	Abnormal Forms FollowUp		Non-Adherent Clients
	Pre-Enrolled Clients		
	Tx Status Pending		
Avery 5160 Labels <input type="checkbox"/>	County: <input type="text"/>	Sort By: <input type="text"/>	Provider Search: <input type="text"/>
	Labels For Active Patients	Labels For Active Providers	Provider Information
	Labels For Patients FU Needed	Provider List	

Patients Needing Follow-Up By Status

As Of: 1/20/2008

Patient_Id	Name	SSN	FU Date	Count by Status
Status: Completed Screening				
03000100009999	One, Client	11-11-1111	1/20/2008	1

Patients Needing Follow-Up By County

As Of: 8/13/2008

Patient_Id	Name	SSN	FU Date	Count by Status
County: Flathead				
Status: Completed Screening				
030001000000				

- Enrollment Req FollowUp Click the Enrollment Req Follow-Up button

Montana Cancer Screening Program
Enrollments Requiring Follow Up Ordered by Enroll Date

Older Than 0 Days

This report displays the enrollment cycle for which screening forms are needed.

- **Fiscal Year:** The Fiscal Year the contractual site will be paid for processing the client, see the Enrollment form, enrollment tab, FY field, next to approved by.
- **Enroll date:** The date the client was enrolled and the date his/her enrollment span began.
- **County:** The client's county of residence
- **Race:** The race the client listed first when entering his/her race
- **Most Recent Date of Service.** The date of the client's most recent procedure if he/she had a procedure.
- **Paid Claims.** If this says yes, then the provider has sent a claim for the client services to the MCCC

Montana Cancer Screening Program
MCSP Screening Forms Needed - Internal Report

Provider	Accupath Diagnostic Laboratories Inc			PayGroup:	Attn Patient Accounts		
Days since Referral		SSN	DOB	Procedure	Not Needed	Breast	Pap FU
108	Six, Test	666-66-6000	10/01/1965	Clinical Breast Exam (CBE)	Not Done		
108	Six, Test	666-66-6000	10/01/1965	Mammogram (initial)		02/02/2009	
108	Six, Test	666-66-6000	10/01/1965	Pap test			02/02/2009

This is a list to inform the contractual sites which screening forms they need.

The information comes from the Enrollment form, Ethnic/Medical tab, Provider Referrals, Form Follow Up of Referrals form.

- If Form In is blank and
- If there is NOT a checkmark in the text box under the “Abnormal” label,

the client’s follow up information will be on the MCCP Screening Forms Needed report, otherwise it’s on the MCCP Abnormal Forms Needed below. The clients come off the report when the form in check box on the Follow up of Referrals form next to the procedure is checked.

The report lists the provider (Community Healthy Partners)

Days since Referral: The number of days since the referral list on the Provider Referral form,

Client: The client’s name

SSN: The client’s social security number

DOB: The client’ date of birth

Not Needed: If this is checked it means the client will not have the procedure listed in the row this enrollment span.

Breast: the date the site entered as the follow up date for the breast procedure

Pap FU: The date the site entered as the follow up date for the Pap procedure

Abnormal Forms Follow-Up

This is a list to inform the contractual sites which abnormal forms they need.

The information comes from the Enrollment form, Ethnic/Medical tab, Provider Referrals, Form Follow Up, Abnormal checkbox.

- If the Forms In check box is blank.
- If there is a checkmark in the text box under the “Abnormal” label,

the client’s follow up information will be on this report. If the Forms in checkbox is check the client’s follow up information will drop off the report.

Montana Cancer Screening Program Screening Forms Needed - Internal Report

Provider	Physician group					
	Form In	SSN	DOB	Procedure	Breast	Pap FU
Age: 201	<input type="checkbox"/>					

The report header list the pay group and the provider that belongs to the group.

Age: The number of days since the client was referred to the provider.

The client’s name, SSN, date of birth; The fields that identify the client

Procedure: The name of the procedure

Breast the date the site entered as the follow up date for the breast procedure

Pap FU: The date the site enters as the follow up date for the Pap procedure

Pre-Enrolled Clients

To run the Clients Whose Enrollment Status is NonP, (Not yet a program participant) - Internal report

- Click the Screening and Follow-up button on the main form.
- Click the Pre Enrolled Clients button

Non Participants - Internal Report

Change the status of all Non Participants to

1. Prog or 2. Void as soon as it is clear

whether or not they will use the MCSP

Site 6

Name_Last

Name_First

SSN

EnrollDt

DatePosted

Phone_Day

Phone_Nite

Comments

The Pre Enrolled report is a list of clients with an enrollment status of “NonP”, non participant, see the Enrollment form, Enrollment tab, status field. An contractual site may assign a client the status of NonP to have a record that shows a person is a potential MCCP client, but has not yet been determined eligible. No enrollment span should contain a status of NonP permanently. If the client is not enrolled in a reasonable time “Void” the enrollment span.

The screenshot shows the 'Screening and Follow-up Reports' window. At the top, there are tabs for 'Data Management', 'Screening and Follow-up Reports', and 'rpt'. Below the tabs, the title 'Screening and Follow-up Reports' is displayed. The main area contains several sections: 'BC and CRC' with a 'Cut Off Date' field and a 'FollowUp by Status' button; 'Follow-up Interval' set to 60 with a 'Click button to print only totals' checkbox; 'Screenings From' and 'To' date fields with 'Screen Forms FollowUp' and 'Abnormal Forms FollowUp' buttons; 'Pre-Enrolled Clients' button; and 'Tx Status Pending' button, which is highlighted with a red box. Below these are 'Avery 5160 Labels' with buttons for 'Labels For Active Patients', 'Labels For Patients FU Needed', 'Labels For Active Providers', and 'Provider List'. There are also 'County' and 'Sort By' dropdown menus.

Tx Status Pending

This report shows the sites which clients have a treatment status of pending. in the Breast, Cervical, or CRC cycles. To run the treatment status pending report

1. Open SDS: The main form with the Data Management tab will display.

2. Click the Screening and Follow Up button under the red label "Report"

This opens the Screening and Follow Up Reports window.

3. Click the Tx Status Pending button.

This opens the Treatment Status Pending report

Columns:

1. Site number.

2. Cycle Type: Br = Breast, CV = Cervical, CRC = Colorectal.

3. 4. & 5. The information to identify the client

6. Final DX Date: The date of the client's final diagnosis.

Review each client's cycle.

Determine what is needed to complete the treatment.

Do not entered a treatment date until you know the client has kept the appointment and begin his/her treatment.

When the site determines the client has begun treatment, is lost to follow-up or refuses treatment the site can enter the data.

Montana Cancer Control Programs**Treatment Status Pending - Internal Report**

<u>Site</u>	<u>Cycle Type</u>	<u>Cycle NO</u>	<u>Last Name</u>	<u>First Name</u>	<u>SSN</u>	<u>Final DX Date</u>
13						
	BR	1	Client13	Test	000-00-0000	1/2/2011
	CV	1	Client13	Test	000-00-0000	12/5/2010
	CRC	1	Client13	Test	000-00-0000	12/20/2010

Labels

1. Choose the label print options.
 - A. County options (Only works with the Labels For Active Patients button)
 - Click in the check box by the County drop down combo box. If the checkbox is not checked you will get labels for all of the active patients in your area
 - Choose a county in your site. If you choose a county in another site you will get a blank sheet of paper .
 - B. Choose to sort the labels by Last Name or Zip code; click the drop down arrow in the combo box by to the Sort by label.

A screenshot of the Avery 5160 Labels print options form. It includes a checkbox for 'Avery 5160 Labels', a 'County' dropdown menu, and a 'Sort By' dropdown menu set to 'Last Name'. There are four buttons: 'Labels For Active Patients', 'Labels For Active Providers', 'Labels For Patients FU Needed', and 'Provider List'.

Use Avery 5160 labels. The reports have 3 addresses across and 30 down.

Client One	Client Two	Client Three
Street One	Street Two	Street 3
City St 11111	City St 22222	City St 33333

Labels for Active Patients

The labels for Active Patients reports, gets its data from the CaST system, which stores the data of the most current address. You may print this report for all active patients or for patients in a specific county in your site.

Labels For Patients FU Needed

The labels for the Patients FU Needed come from data entered on the Enrollment form, Patient Progress tab in the Eligibility Follow Up area.

Labels for Active Providers

The labels for Active Providers come from the Providers, whose addresses are within the contractual sites area, using counties.

Provider List

The labels for Active Providers come from the Providers, whose addresses are within the contractual sites area, using counties.

Provider Search Combo box and Provider Information button.

Use this to open the Providers Information form, which displays a providers data. If the provider data isn't accurate please notify Montana Medical Billing. If a provider is part of an entity and claims are submitted under the entity but a physical location is still needed to direct clients to appointments, then that address must be submitted to Montana Medical Billing as a No Pay provider. See Status. (Example would be provider who work for public clinics or Federal Qualified Health Clinic.)

Enter the name of a provider in the Search box or click the drop down arrow on the right side of the Provider Search combo box and click a providers name. Then click the Provider Information button.

Provider Name: The name of the provider.

A screenshot of the Provider Information form. It contains fields for Provider Name, Group Name, Address, City, State, Zip, Pay Name, Pay Group, and Phone. A Status dropdown is set to '1'. A legend indicates: 1 = Active, 2 = In-Active, 3 = No Pay. A note explains the No Pay status: 'No Pay status - provider is part of a group that enrolls as a whole and doesn't list providers individually. These providers are entered so a physical location can be given to the client for the client's appointment. If the provider information isn't correct the party responsible for enrolling providers should notify Montana Medical Billing.'

Pay Name: The name claim payments are sent to for the provider displayed in the Provider Name text box.

Group Name: The provider belongs to this group.

Pay Group: The group that is paid for the claims submitted by this provider.

Address, City, State, Zip: The physical address of the provider as submitted to Montana Medical Billing by the provider when enrolled.

Phone: The providers contact phone number.

Status: The status of the provider.

- Active: The provider is currently an enrolled provider and has signed and agreed to see clients enrolled in the Montana Cancer Control Program.
- Inactive: The provider is no longer an enrolled Montana Cancer Control Program provider.
- No Pay: provider is part of a group that enrolls as a whole and doesn't list providers individually. These providers are entered so a physical location can be given to the client for the client's appointment.

Breast and Cerv reports

B-C Screening Accomplishments

To run the report

- Click the Screening and Follow-up button on the main menu
- Click the Screening Accomplishments button on the Screening and Follow Up form

The Breast and Cervical Screening Accomplishments – Current Fiscal Year report shows the site goal, the number of women screened and the percent of goal reached for all women and for American

Indian Women screened for breast/cervical cancer in the current year and the previous year. Use this report to assess your progress compared to this year's goal and to last year's totals.

Breast and Cerv

B-C Screening Accomplishments

Br Dx Pending

Cerv Dx Pending

Montana Cancer Screening Program

Breast and Cervical Screening Accomplishments - Current Fiscal Year

Site	All Women 0302			American Indian Women 0302			All Women 0303			American Indian Women 0303		
	Goal	Sx	% Goal	Goal	Sx	% Goal	Goal	Sx	% Goal	Goal	Sx	% Goal
1 Flathead City-County Health Department	1000	995	100%	100	995	79%	900	920	103%	100	90	90%
2 Missoula County on behalf of Partnership Health Center	1000	869	87%	150	869	28%	900	874	97%	100	61	61%
3 Lewis and Clark City-County Health Department	450	404	90%	45	404	78%	430	383	89%	35	31	89%
4 Butte-Silver Bow County Unified Government	450	393	87%	50	393	66%	430	341	79%	40	28	70%
5 Teton County Health Department	450	508	113%	225	508	125%	500	366	73%	275	196	71%
6 Gallatin City-County Health Department	450	459	102%	10	459	100%	430	465	108%	10	12	120%
7 Cascade County Health Department	650	465	72%	100	465	69%	620	432	70%	100	50	50%
8 RiverStone Health	900	825	92%	300	825	86%	800	777	97%	300	211	70%
9 Blaine County	270	251	93%	150	251	101%	230	141	61%	130	80	62%
10 Central Montana Family Planning	150	169	113%	0	169	0%	150	141	94%	5	1	20%
11 Daniels County Health Department	200	181	91%	80	181	126%	160	106	66%	80	41	51%
12 Custer County Health Department	180	96	53%	18	96	17%	120	103	86%	15	3	20%
13 Richland County Health Department	150	76	51%	15	76	7%	115	71	62%	5	1	20%
Totals	6300	5691	90%	1243	5691	458%	5785	5129	89%	1195	805	67%

Monday, June 21, 2010

Report: Screening and Follow Up, Screening Accomplishments, Screening Accomplishments - Current Fiscal Year

Br Dx Pending button

To run the report

- Click the Screening and Follow-up button on the main menu
- Click the Br Dx Pending button on the Screening and Follow Up form

Montana Cancer Screening Program

BREAST PENDING REPORT - Internal Report 6/21/2010

Name	SSN	Cycle	Procedure	Proc Date	Result	Status
------	-----	-------	-----------	-----------	--------	--------

The BREAST PENDING REPORT lists the clients whose breast cycle record cycle status is set to pending until the client receives additional diagnostic procedures to determine a final diagnosis. This report identifies each client, the date of their last procedure, indicating how long it's taking to complete the planned workup, the result or reason why the client required a planned workup and the status should always be pending.

Cx Dx Pending button

To run the report

- Click the Screening and Follow-up button on the main menu
- Click the Cerv Dx Pending button on the Screening and Follow Up form

Montana Cancer Screening Program

CERVICAL PENDING REPORT - Internal Report 6/21/2010

Name	SSN	Cycle	Procedure	Proc Date	Result	Status
------	-----	-------	-----------	-----------	--------	--------

The CERVICAL PENDING REPORT lists the clients whose cervical cycle record cycle status is set to pending until the client receives additional diagnostic procedures to determine a final diagnosis. This report identifies each client, the date of their last procedure, indicating how long it's taking to complete the planned workup, the result or reason why the client required a planned workup and the status should always be pending.

CRC

CRC Screening Accomplishments

This button will automatically produce two separate CRC screening reports. The selection criteria to calculate the number of completed CRC screenings are

Final Dx Date cannot be blank

Final Dx Status cannot be 'Pending' or blank

CRCCP Funds Used must be 'Yes'

CRC

CRC Screening Accomplishments

CRC Dx Pending

CRC Screening Adherence Pending

CRC Enrolls With No Scrn Adherence

Non-Adherent Clients

Montana Cancer Control Programs - Internal Report

CRC Screening ScoreCard For FY: 0304

Site Enrolled		Adjusted Goal Initial Test			Completed Screenings		Completed Initial Procedure		Pending Cycle Procedures			Screening Adherence Entered/ Pending						Open Enrollments Adherence Not Entered		
		Adj Goal	Fecal Goal	Endo Goal	Completed Screenings	% Goal	Fecal Kit	Endo Scopy	Diagnosis Pending	Fecal Kit	Endo Scopy	Non Adherent	Fecal Kit	Endo Scopy	Adherence Pending	Fecal Kit	Endo Scopy	< 60 Days	60-120 Days	>120 Days
1	103	140	45	95	78	56%	42	36				22	14	8	13	5	8	12	1	
2	105	200	74	126	84	42%	9	75				6	2	4	19	1	18	1	1	
3	40	70	22	48	29	41%	2	27				1		1	8	0	8	1	1	
4	15	55	18	37	12	22%	0	12										3	1	
5	16	51	22	29	8	16%	2	6	1	1	0	2		2	1	1	0	5		
6	53	82	34	48	35	43%	3	32				6	1	5	5	3	2	5		1
7	32	69	29	40	24	35%	0	24	1	0	1	1		1				6	1	2
8	96	144	59	85	72	50%	5	67				5		5	3	1	2	13	5	2
9	14	27	10	17	11	41%	1	10												1
10	7	18	8	10	7	39%	3	4												
11	11	18	6	12	2	11%	0	2	2	2	0							5		1
12	12	31	11	20	10	32%	1	9				1		1	1	0	1			
13	11	15	6	9	1	7%	0	1	2	1	1							2	3	1
TOTALS	515	920	344	576	373	41%	68	305	6	4	2	44	17	27	50	11	39	53	13	8

* Enrollments are based on the FY set in the Site Data System rather than the enrollment data.

* Adjusted Goal is the original screening goal plus any unused screening slots carried over from FY 0303 broken out by the initial test procedure type.

* Completed Screenings / Initial Procedure are the number of completed screenings. The completed procedures are based on the initial test performed for a completed screening. A completed screening is a cycle which has at least one CRC screening test performed and a final diagnosis has been determined.

* Pending Cycle Procedures are those screenings that have pending procedures to determine a final diagnosis to complete the cycle.

* Screening Adherence Entered / Pending is when the fecal kit has been distributed and is pending upon being returned. Or the endoscopic procedure has been scheduled but not yet performed. Please refer to the Policy and Procedures for Screening Adherence timeliness guidelines.

Non-Adherent is when the fecal kit has not been returned in a set time frame. Or the endoscopic appointment has been cancelled 3 times. These are not included in completed screenings.

* Open Enrollments Adherence Not Entered are those clients that have been enrolled but no data has been entered in the CRC Cycle in CaST.

Tuesday, January 11, 2011

Page 1 of 1

To run this report

1. Click the CRC Screening Accomplishments button
2. Enter the FY in the FY Parameter Value message box. The format is 4 digits, two for the grant period and two for the number of years the program has operated in the grant period. I.e. 0303 is the third grant period, the third year of the grant period.
3. Wait for the CRC Enrollment – Screenings for FY ##### report to open.
4. Enter the FY for the next report in the FY Parameter Value message box. Enter cancel to see only the CRC Enrollment - Screening for FY ### report.
5. The CRC Screenings for FY report opens. To switch between reports.

Enter Parameter Value

FY

0303

OK

Cancel

- Click the rptCRCSxAccBaseSum to see the CRC Screenings for FY ##### report
- Click the rptCRCSxAccBaseSum tab to see the CRC Enrollment-Screenings For FY #####.

Report CRC Screenings for FY

Montana Cancer Control Programs

Internal Report

CRC Screenings For FY: 0304

Site	Goal	Total Scms	RISK	# Scrns	% Scrns	Age Group			Indication			
						Less 50	50 - 64	Over 65	Screening	Surveillance	Diagnostic	Unknown
1	107	78	Average	77	99%	1	76		77			
			Increased	1	1%		1		1			
2	107	84	Average	74	88%		74		71	3		
			Increased	10	12%	4	6		7	3		
3	43	29	Average	14	48%		14		14			
			Increased	15	52%	2	13		12	3		
4	43	12	Average	4	33%		4		4			
			Increased	8	67%	4	4		8			
5	43	8	Average	4	50%		4		4			
			Increased	4	50%		4		4			
6	43	35	Average	25	71%		25		25			
			Increased	10	29%		10		9	1		
7	60	24	Average	13	54%		13		12	1		
			Increased	11	46%	2	9		6	3	2	
8	84	72	Average	52	72%		51	1	52			
			Increased	20	28%		20		18	2		
9	24	11	Average	8	73%	1	7		8			
			Increased	3	27%	1	2		3			
10	12	7	Average	5	71%		5		4		1	
			Increased	2	29%		2		1	1		
11	18	2	Average	2	100%		2		2			
12	18	10	Average	7	70%		7		7			
Average				285	76%	2	282	99%	280	4	1	
Increased				88	24%	14	74	84%	71	15	2	
TOTALS				373		16	4%	356	95%	1	0%	

Service Quality Indicators: 75% or greater of new clients screened at Average Risk And 95% or greater of Average Risk clients who are age 50 and older

This report shows the number of clients screened by risk, age, and indication for screening.

Columns

Site: The number of the contractual site.

Goal: The contractual sites CRC goal

Risk: The level of risk. (PPM Chpt 6, page 6-4 to 6-5)

Average Risk:

No personal or family history of adenomatous polyps or CRC.

No history of inflammatory bowel disease.

No history of a genetic syndrome, E.g. FAP or HPNCC.

75% of program funds budget for screening services, (not all funds are budgeted for screening service), should be spend screening individuals at average risk.

Increased risk: (PPM Chpt 6 page 6-4) Personal or family history of adenomatous polyps or colorectal cancer.

People with increased risk for CRC may be eligible for CRC screening or surveillance. People at increased risk for CRC due to a personal history of adenomatous polyps or CRC are eligible for surveillance with colonoscopy only. Persons 40 to 49 will be eligible for colorectal screening if they have a family history of polyps or CRC. (PPM Chpt 6 page 6-3)

High Risk: (PPM Chpt 6, page 6-4) Not eligible for colorectal screening services through the MCCP.

Genetic diagnosis of familial FAP or HNPCC
Clinical diagnosis or suspicion of FAP or HNPCC
History of inflammatory bowel disease

Gastrointestinal Symptoms: (PPM Chpt 6, page 6-5) A provider must evaluate these clients to determine if the symptoms indicate a client might have colorectal cancer. If the provider clears the client for colorectal screening the client may enroll in the program if the client meets all other eligibility criteria.

#Scrns: The number of clients screened at each level of risk

%Scrns: The percent of clients who were screened at each level of risk

Age Group: The number of clients screened in each age group at each level of risk. On the report there are 68 clients screened in the 50-64 age group, 4 were at increased risk, 64 were at average risk.

This shows if MCCP is meeting the CDE standards:

- The percent of new clients screened who are average risk for CRC must be at least 75%.
- The percent of average risk new clients screened who are aged 50 years and older must be at least 95%

Indication: This is the number of CRC cycles where the indication was chosen as the reason for the first procedure and the level of the client's risk. In the below example, there were 65 clients at average risk who listed Screening as the reason for the first procedure. There was one client at increased risk whose reason for the first procedure was screening.

Report CRC Enrollment – Screening for FY:

The CRC Enrollment – Screening for FY ##### report shows the year-to-date screening accomplishment by Site:

Site: Contractual site number.

CRC Goal: The desired number of CRC completed screenings.

Enrolled: Number of clients enrolled in the CRC program for the FY.

Completed Screenings: The number of clients, counted one time per FY that have completed at least one CRC cycle. See the criteria above.

Montana Cancer Screening Programs
CRC Enrollment - Screenings For FY.0303

Internal Report

Site	CRC Goal	Enrolled	Completed Screenings	Non Adherence Screenings	Adherence Pending	Diagnosis Status Pending	Open Enrollments		
							0 Days	60 Days	120 Days
1	107	128	70 65%	1	19	2	1	31	25
2	107	49	24 22%	2	8			15	10
3	43	20	5 12%	1	6			1	13
4	43	13	6 14%					3	4
5	43	13	9 21%		4			3	1
6	43	49	29 67%	1	5			8	11
7	60	32	19 32%					8	6
8	84	65	37 44%	3	13			21	7
9	24	15	0 0%					13	2
10	12	4	2 17%			1		1	1
11	18	2	0 0%						2
12	18	9	4 22%	1				3	2
13	12	7	0 0%			3		3	4
TOTALS	614	406	205 33%	9	55	6	1	110	88

Non Adherence Screenings: The number of client's who were enrolled, but failed to complete the cycle. The CaST Adherence field is set to either:

- No test performed, FOBT/FIT card not returned or

- No test performed, appointment not kept.

See the MCCP, Policy and Procedure Manual, chapter 9, section D tracking and follow-up, #7, Clients “Lost to Follow-up” for the policy describing when a client’s cycle is closed because of non-adherence.

Adherence Pending: The number of client’s who were enrolled and the site is working with the client to complete his/her CRC screening cycle. The CaST field adherence status is set to Test Pending. A pending client is a potential increase in the sites screening goal.

Diagnosis Status Pending. This is the number of clients who have to complete all the planned tests in their colorectal cycle.

Open Enrollments: This shows the number of open enrollments by the number of days since the Date Eligible to the day the report was printed. Each enrollment represents obligated funds and a potential screen. It is important to keep the number of old enrollments down.

0 Days: Number of clients whose enrollment period is between 0 to 59 days previous to the date the report was printed.

60 Days: Number to clients whose enrollment period began 60 to 119 days previous to date report was printed.

120 Days: Number of clients whose enrollment period began 120 days or more previous to date report was printed.

CRC Dx Pending

This report lists CRC clients who have a 'Pending Final Diagnosis Status' and a recommended follow-up procedure within the current CRC cycle. This indicates that more tests are necessary to determine the final diagnosis for the current CRC cycle.

This report includes the Client's patient ID and Name, the cycle number, the CRC procedure date, the procedure performed, the number of days that have elapsed since the procedure performed date, the recommended follow-up procedure to be performed for the current cycle. The diagnosis status is pending. The Final DX Status should remain "Pending" until the appropriate status has been established, (ie: Complete, Refused follow-up, or Lost to follow-up). Please refer to the Policy & Procedure Guidelines for the established time frames.

Montana Cancer Screening Programs CRC Pending DX With Follow-Up Procedure For Current Cycle

Site

Patient ID	Client Name	Cycle	Proc Date	Proc Done	Days Since Proc Date	F-U Proc This Cycle	DX Status
------------	-------------	-------	-----------	-----------	-------------------------	---------------------	-----------

If the above DX Status is blank, please change the Final Dx Status to "Pending Final Diagnosis" until the appropriate status has been established. Complete (final dx made) * Refused diagnostic follow-up * Lost to follow-up. Please refer to the Policy / Procedure Guidelines for the established time frames.

CRC Screening Adherence Pending

This report lists the CRC clients that have an established CRC screening adherence and the initial test status is shown as 'Test Pending'. This includes 'Fecal Test Sent' or 'Endoscopy/other appt made'. The CRC screening forms have not been entered for the initial test. Once the CRC screening data has been entered, the screening adherence will be auto calculated and will no longer appear on this report. This report shows the number of days that have elapsed since the fecal kit was sent or the appointment date from the current date. Please refer to the CRC Screening Adherence Guidelines, chapter 9 or the MCCP Policy and Procedure Manual.

Montana Cancer Screening Programs

CRC Adherence Test Status Pending - Internal Report

Site

Patient ID	Client Name	Days Since Adherence Date	Appt Dt/Kit Sent Date	Test Status	Adherence
------------	-------------	---------------------------------	--------------------------	-------------	-----------

CRC Enrolls With No Scrn Adherence

This report lists clients who have enrolled into the CRC Screening program but do not have the CRC Screening Adherence data entered yet. This report shows the number of days that have elapsed since the CRC enrollment date from the current date. The screening adherence fields Appt or Kit Sent Dt, Test Status, and Adherence should be entered as soon as the client receives a fecal kit or his/her first appointment is scheduled. Please refer to the CRC Screening Adherence Guidelines, Chapter 6, Policy and Procedure Manual.

Montana Cancer Screening Program

Colorectal Clients Enrolled With NO CRC Screening Adherence

Site

Patient ID	Last Name	First	Prog Typ	Enroll Date	Days Enrolled
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Non-Adherent Clients

This report lists clients who were determined to be “non-adherent”. See the MCCP Policy and Procedure Manual, Chapter 6, F. Screening Adherence.

To run this report:

- 1. Click on the Screening and Follow-up reports button.
- 2. Enter a date range in the text fields labeled Screenings From and Screenings To.
- 3. Click in one of the other text fields so the cursor is not sitting in the date range text fields.
- 4. Click the button labeled Non-Adherent Clients.

Screenings From

To:

The report extracts the records of clients if the cycle records have the CaST field:

- Adherence set to one of the No test performed options and
- Appt or Kit Sent Dt set to a date that falls in the time period entered in the “Screening From and To” text boxes.

Screening Adherence (auto calculated with entry of performed test #1)	
Appt or Kit Sent Dt:	<input type="text" value="05/12/2010"/>
Closeout Date:	<input type="text" value="06/09/2010"/>
Test Status:	<input type="text" value="Endoscopy/other appt not kept"/>
Adherence:	<input type="text" value="No test performed, appointment not kept"/>

Use this report to review the records of clients that are non-adherent.

Columns:

- Client’s Name
- The date the client was enrolled
- The cycle number
- The status showing whether an appointment was not kept or a fecal kit was not returned.
- The initial date which is the date the client received the fecal kit or date of the first appointment.
- Close date or date the contractual site completed the protocol and determined the client was non adherent.
- Comment line notes why client decided to not complete the screening.

Montana Cancer Screening Program - Internal Report					
Non Adherent Colorectal Clients					
Site 8					
			***** Adherence *****		
Client	EnrollDate	Cycle	Status	Initial Date	Close Date
Client Name	1/1/2010	1	No test performed, appointment not kept	1/1/2010	2/18/2010
Client went for a consult with surgeon, provider decided at the consult that the patient did not need CRC test at this time, only had consult.					

Quality Assurance Reports

Quality Assurance Reports

Three Normal Paps

Last Liquid Paps

Pap Ineligible Hysterectomies

End Date

Recs

Women marked ineligible for program funded paps due to Hysterectomies (not due to cancer) and no cervix

Breast

Cervical

Diagnosis to Treatment

Presentation to Diagnosis

Percent Timeliness

Date From

Date To

Diagnosis to Treatment

Presentation to Diagnosis

Percent Timeliness

Three Normal Paps

The Three Normal Paps button creates the report List of Clients with 3 Normal Paps. To run the report, enter a date in the "End Date" field to include pap tests that happened on or before that date.

Montana Cancer Screening Program

List of Clients with 3 Normal Paps
Dates of Service from 7/1/2002

001 - Flathead City-County Health Department

Name	Dates of Service for 3 Paps		
One, Client	7/1/2006	7/1/2004	7/1/2003

Last Liquid Paps

- To run the report, enter a date in the “Date From” text box. Click the Last Liquid Pap button. The report lists all:
- The normal liquids pap tests
 - With a procedure date greater than or equal to the date in the ‘End Date” text box,
 - That were paid for with the MCCP funds
 - And the screening interval for the client who had the pap is every 2 or 3 years.

The Last Liquid Pap report shows the name of the clients who meet the above criteria, the date of their last normal liquid pap and the date they are eligible for another liquid pap if they still meet the MCCP eligibility requirements. (See the MCCP policy and procedure manual.)

Montana Cancer Screening Program
Last Normal Liquid Pap Test after 7/1/2007

Site 1 - Flathead City-County Health Department

Client	Last Pap	Last Pap + 2 yrs
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Pap Ineligible Hysterectomies

MBCHP - Internal Report
Clients who had Hysterectomy
Not due to Cx Ca and have no Cx
1 - Flathead City-County Health
Patient

The Pap Ineligible Hysterectomies button opens the List of Clients with Multiple Paps by Site, Hysterectomy, No Cancer, No Cervix report. This report provides each site with a list of site specific women who are no longer eligible for a pap test because they have had a hysterectomy, not due to cervical neoplasia and they do not have a cervix. Review the list of clients to find clients who shouldn't be on the list or clients who

should be on the list and are missing.

Timeliness Reports

Breast		Cervical
Diagnosis to Treatment	Date From <input type="text"/> Date To <input type="text"/>	Diagnosis to Treatment
Presentation to Diagnosis		Presentation to Diagnosis
Percent Timeliness		Percent Timeliness

The Timeliness Reports describe the number of breast or cervical cycles that have not been completed within the standard set by the Centers for Disease Control and Prevention (CDC). They are core indicators used by CDC to evaluate the MCCP. The standards for timeliness are explained in the MCCP Policy and Procedure Manual, Section 4.D.5. Time Standards for Tracking and Follow-up.

To run the Timeliness Reports, enter the date range in the Date From and Date To text boxes and click the button of your choice.

Breast

- **Diagnosis to Treatment**

The Diagnosis to Treatment button under the label Breast opens the report, Timeliness –Fill in the Date From, Date To text boxes. This report extracts the records of women whose final diagnosis falls in the date range entered into the Date From, Date To text boxes, with abnormal breast cycles results that exceed 60 days from the date of the diagnostic procedure that determined the final diagnosis to the date that treatment began.

Montana Cancer Screening Program
Timeliness - The Number of Days Between Breast Diagnosis to Treatment by Site

Final Diagnosis from 7/1/0N to 8/1/0N

Site	SSN	Name	Final Diagnosis	DX to TX	Close Date	Treatment Date	Cycle
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- **Presentation to Diagnosis**

The Presentation to Diagnosis button under the label Breast opens the report, Timeliness – The Number of Days between Breast Presentation to Diagnosis by Site. This report lists the women with breast cycles with an abnormal breast procedure result that has exceeded 60 days from the date of the abnormal breast test to the date of the diagnostic test that determined the final diagnosis.

Montana Cancer Screening Program
Timeliness - The Number of Days Between Breast Presentation to Diagnosis by Site

Breast Presentation from 7/1/2007 to 7/1/2008

Site	Name	Breast Procedure	Breast Result	Screen Date	Diagnosis Date	Screen to Diagnosis	Cycle
Site Name County Health Department	One, Client	Mammogram (Initial)	Assessment is incomplete	8/1/2007	11/30/2007	122	1

- **Percent Timeliness**

The Percent Timeliness button on the breast side opens the Breast Timeliness report. The Breast Timeliness reports gives the percents of breast cycles with an abnormal mammogram or clinical breast exam result that exceeded the time limit allotted by the Centers for Disease Control and Prevention (CDC) to achieve a part of the screening cycle. Timeliness is a core indicator, a measure used by CDC to evaluate the MCCP.

E.g. Column 1, Presentation to Diagnosis with Abnormal Mamm and/or CBE Results, shows there were 74 breast cycles with either an abnormal mammogram or CBE results and 3 of those breast cycles took at least 60 days to complete putting the site's percent of timeliness at 4.1%.

Presentation begins on the date of the abnormal breast procedure. Diagnosis begins on the date of the diagnostic procedure that determines the final diagnosis. Treatment starts the date the client begins treatment.

The CDC has allotted 60 days for Presentation to Diagnosis and 60 days for Diagnosis to Treatment for breast cycles.

Montana Cancer Screening Program
Breast Timeliness (Initial Mammograms and CBE's)
Beginning 7/1/2007 to 3/18/2007

Site Name County Health Department

Site #

Presentation to Diagnosis with Abnormal Mamm and/or CBE Result			Diagnosis to Treatment with Final Diagnosis Invasive Breast Cancer		
#Cycles >= 60 days	# Cycles	% Cycles >= 60 / #Cycles	#Cycles >= 60 days	# Cycles	% Cycles >= 60 / #Cycles
3	74	4.1 %	0	10	0 %

Cervical

- Diagnosis to Treatment**

The Diagnosis to Treatment button under the label Cervical opens the report, Timeliness –The Number of Days between Cervical Diagnosis to Treatment by Site. This report lists the women with cervical cycles with a final diagnosis of CIN II or worse that exceeds 60 days from the date of the diagnostic procedure that determined the final diagnosis to the date that treatment began.

Montana Cancer Screening Program
Timeliness - The Number of Days Between Cervical Diagnosis to Treatment by Site

Final Diagnosis from	to					
Site	Name	Cervical Diagnosis	Diagnosis Date	Treatment Date	Diagnosis to Treatment	Cycle

- Presentation to Diagnosis**

The Presentation to Diagnosis button under the label Cervical opens the report, Timeliness – The Number of Days between Cervical Presentation to Diagnosis by Site. This report lists the women with cervical cycles with a pap result of High Grade SIL or worse that have exceeded 60 days from the date of the abnormal Pap test to the date of the diagnostic test that determined the final diagnosis.

Montana Cancer Screening Program
Timeliness - The Number of Days Between Cervical Presentation to Diagnosis by Site

Cervical Presentation from 7/1/200# to 8/1/200#

Site	Name	Cervical Procedure	Cervical Result	Screen Date	Diagnosis Date	Screen to Diagnosis	Cycle
Site County Health Department	One, Client	Pap test	High Grade SIL	7/20/2007	11/19/2007	122	1

- Percent Timeliness

The Percent Timeliness button on the cervical side opens the Cervical Timeliness report.

To run the report,

- Click the Quality Assurance Reports button on the main form.
- Enter the beginning date in your date range in the Date From text box and the end date in your date range in the date to text box.
- Click the Percent Timeliness button under the Cervical column

The Cervical Timeliness reports gives the percents of cervical cycles with an abnormal pap result that exceeded the time limit allotted by the Centers for Disease Control and Prevention (CDC) to achieve a part of the screening cycle. Timeliness is a core indicator, a measure used by CDC to evaluate the MCCP.

E.g. Column 1 Presentation to Diagnosis with Pap Results \geq HSIL show there were 5 pap cycles with pap results equal to or worse than HSIL and 1 of those pap cycles took at least 60 days to complete putting the site's percent of timeliness at 20%.

Presentation begins on the date of the abnormal pap test. Diagnosis begins on the date of the procedure that determines the final diagnosis. Treatment starts the date the client begins treatment.

The CDC standards are:

That no more than 25% of the clients having an abnormal pap test should exceed 60 days to go from presentation to diagnosis

That no more than 20% of the clients with an abnormal pap result and a final diagnosis of HSIL, CIN II, CIN III OR CIS, can take greater than 90 days from the date of diagnosis to the date treatment begin.

That no more than 20% of the clients with an abnormal pap result and a final diagnosis of Invasive Cervical Cancer can take greater than 60 days from the date of diagnosis to the date of treatment.

Montana Cancer Screening Program

Cervical Timeliness (Pap Tests)


Beginning 7/1/2007 Ending 3/1/2007

Flathead City-County Health Department
Site 01

Presentation to Diagnosis with Pap Result \geq HSIL			Diagnosis to Treatment - Final Diagnosis of CIN II or CIN III			Diagnosis to Treatment - Final Diagnosis Invasive Cervical Cancer		
# Cycles \geq 60 Days	#Pap	\geq 60 / # Paps %	# Cycles \geq 90 Days	# Paps	\geq 90 / # Paps %	# Cycles \geq 60 Days	# Paps	\geq 60 / # Paps %
1	2	50 %	0	1	0 %	0	0	0 %

Audits

Any reports that say “Internal” are not for distribution. Always be discreet about the information you share outside of the MCCP program. If you have questions about the MCCP data and confidentiality call the state.

 The Audits button opens the form with reports to check the accuracy of the data entry.

Run the audits every time you complete data entry.

If you have entered data from a set of enrollment forms, run the audits:

1. Check Data Entry -Enrolls
2. Missing Enroll Data
3. Dups in Enrollment
4. Overlap Spans
5. CaST SSN not SDS SSN

Audits

Check Data Entry - Enrolls	Date From:	<input type="text"/>	Temp SSN
Missing Enroll Data	Date To:	<input type="text"/>	Women Sx FY Age Detail
Dups in Enrollment			CaST SSN not SDS SSN
Overlap Spans			Inactive Clients
1 Client 2 Pld's			
Missing Cycle Location			
Missing Cycle Data			
Missing Procedure Data			
Check CaST Data Entry	Date Data Entered	<input type="text"/>	

If you have entered data from screening or abnormal forms, run the audits:

1. Client 2 Pid's
2. Missing Cycle Location
3. Missing Cycle Data
4. Missing Procedure Data
5. Check CaST Data Entry.
6. CaST SSN not SDS SSN

Additional Screening and Follow Up Reports:

The Temp SSN and Women Sx FY Age Detail reports are informational and not part of the audits.

- Temp SSN
- Women Sx FY Age Detail

Check Data Entry – Enrolls button:



Date From:

Audit Entered Enrolls - Internal Report

Site 3

Last Name	First Name	SSN	Patient ID	Birth Date	Zip	Enroll Date	FY
One	Test	111-11-1111	0300010000174	2/1/1950	59601-	1/1/2009	0302
Six	Test	666-66-6000	0300010000174	10/1/1965	59601-	1/1/2009	0302

1. Enter the date you entered the enrollment data in the text box labeled “Date From”. This tells the report to extract the records of the enrollment spans you entered on or after the date in the Date From field.
2. Click Check Data Entry. This opens the report “Audit Entered Enrolls – Internal Report”. Compare the data on the report to the data on you entered.
 - Look for blank fields
 - Look for incorrect data, such as a SSN with a wrong digit.

- Check the names on the report to the names on the forms you entered to make sure one wasn't missed.
 - Check the SSN, Last and First Names and Date of Birth for correctness.
2. To print the report click the printer icon on the menu bar or use the key combination CTRL + P.
 3. If the client is not on the list search for the client in the enrollments window to see if he/she was entered.

Missing Enroll Data button

Missing Enroll Data

This button opens The Missing Enrollment Data – Internal Report. Each time you enter new enrollments use this report to check for missing fields.

Montana Cancer Screening Program Audit, Missing Enroll Data - Internal Report

Site	Missing	Last Name	First Name	Middle	SSN	Patient ID	Enroll Date
1	Prev-Susp Pap Date						
1	Suspicious BirthDate						

1. Enter a date in the Date From field. The report will extract the records entered on or after the date entered in the date from field.
2. Click the Missing Enroll Data button **Date From:**
3. This opens the Missing Enroll Data report
4. This report should be blank. This would mean no data fields are missing or incorrect.
5. If there are records on the reports you have data that is incorrect or missing data.
 - i. The Missing field column tells you which field in the record to review.
 - ii. The Name and SSN tells you which client's record is missing data.
 - iii. The Enrollment Status column tells you what the client's enrollment status is.
 - a. If the client's status is NonP, pre-enroll, the client is not yet enrolled and you may not have the entire client's data.
 - b. If the client's status is void, you may want to get the data for future reference, however it is not required.
 - c. If the client is any other status, you will need to get the missing data.

Dups in Enrollment button:

Dups in Enrollment

Use this report to find an enrollment span entered twice. The columns: Patient ID, SSN, Client, Birth Date, and Enroll Date identify the client and enrollment span. If there are no duplicate records the word #Error will be at the top of the report. If you have an enrollment span entered twice notify the state data manager, who will delete one of the spans. Also, let the state know which enrollment span you want to keep.

Montana Cancer Screening Program

Enrollment Spans entered Twice - Internal Report

Site - 6

Patient ID	SSN	Client	Birth Date	Enroll Date
030001000000000	000-00-0000	Six, Test	00/00/0000	2/6/2006

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Friday, May 08, 2009

OverlapSpans button

Overlap Spans

The “Overlapping Enrollment Spans in SDS”, report is a list of clients with two enrollment spans in the same time period. Claims submitted in the time period covered by either span will be denied.

Montana Cancer Screening Program, BC and CRC
Overlapping Enrollment Spans in SDS - Internal Report
Site - 1

Columns:

Client: Identifies the client by name and SSN

Current Span Enroll Date: The enrollment date, Date Eligible, of the client’s most recent enrollment span.

Previous Span Cycle Close Date: The date the previous cycle was closed, Date Cycle Closed.

Client	Current Span Enroll Date	Previous Span Cycle Close Date
Client Name 555-55-5555	4/25/2010	5/27/2010

In this example the Current Span Enroll Date 4/25/10 occurs before the Previous Span Close Date 5/27/10.

1. You can combine the spans.

Set the Prog Type to reflect the type of cycles covered by the span (BC, CRC, or Both.)

Set the Date Eligible to the date of the Date Eligible in the previous span.

Set the Date Cycle Closed to the close date of the current span Date Cycle Closed

Overlapping Span	Date Eligible	Date Cycle Closed	Prog Type	Status
e.g. Previous Span	5/1/2010	5/27/2010	BC	Prog
e.g. Current Span	4/25/2010	6/3/2010	CRC	Prog
Combined	5/1/2010	6/3/2010	Both	Prog

2. Or create two separate enrollment spans.

Change date cycle closed	5/1/2010	4/24/2010	BC	Prog
	4/25/2010	6/3/2010	CRC	Prog

Or

Change Date Eligible	5/1/2010	5/27/2010	BC	Prog
	5/28/2010	6/3/2010	CRC	Prog

Or

Change date cycle close	5/1/2010	4/20/2010	BC	Prog
And Date Eligible	4/21/2010	6/3/2010	BC	Prog

Things to consider:

1. If the Status of both the spans is Prog you can combine the spans.
2. If the Status of one or both of the spans is Paid you must keep them separate.
3. Check the claims that have been paid. Click Finance and Statistics, Patient Inquiry. The dates of all paid claims must occur within one of the enrollment span.
4. Check the procedures in CaST. The dates of all procedures must occur within one of the enrollment spans.
5. The Prog Type of the enrollment span must match the type of procedures and claims.

1 Client 2 PId's button

1 Client 2 PId's

Click the Clients w/2 Patient ID's in CaST button to find duplicate records When a client has two records in CaST with unique patient id's and both records have the same Date of Birth and Last Name, it is possible they are duplicate records. If this report is not blank fax it to the state immediately.

Montana Cancer Screening Program - Internal Report

1 Client with 2 Patient IDs in CaST

Site - 6

Client

Date of Birth

MinPID

MaxPID

NoPID

Missing Cycle Location

The Missing Cycle Location report lists records in CaST with either the breast or cervical cycle location missing. To fix this open the cycle and enter the cycle location.

Missing Cycle Location

Montana Cancer Screening Program

Audit Missing Cycle Location - Internal Report

Site - 3

	CycleNo	Client	SSN
Enter the Breast Cycle Site Location	2	Six, Test	666-66-6000

Note: The screening accomplishments reports and enrollments requiring follow-up reports will not run if this data is missing

Missing Cycle Data

Missing Cycle Data

The Missing Cycle Data report lists fields that have missing or incorrect data in either a breast cycle, cervical cycle or colorectal cycle and what should be done to correct the data. Each time you finish entering a set of screening and/or abnormal forms, run the Missing Cycle Data report. If the word #Error appears instead of the site name, no data is missing. Call the data manager if you have questions.

Montana Cancer Screening Program

Audit: Missing Cycle Data - Internal

Site - 3

Cycle Type	Client	SSN	Cycle	Date Modified
<i>Missing field - Correct the date of the final diagnosis, it should be the same as the date of the last procedure in the cycle</i>				
Breast	One, Client	111-11-1111	5	3/18/2002 12:58:12 PM
<i>Missing field - Enter if the Prior Mamm was Documented</i>				
Breast	Two, Client	222-22-2222	1	11/21/2008 4:05:27 PM
	Three, Client	333-33-3333	1	9/4/2008 6:28:47 PM

Missing Procedure Data button

This report lists records with data missing in the CaST procedures. Open the client's record in CaST and use the report information to find the client. If you have questions about what is needed to fix the data call the state data manager.

Missing Procedure Data

Montana Cancer Screening Program

Audit Missing Procedure Data - Internal Report

Site - 3

Client	SSN	Proc type	Cycle	ProcName
<i>Missing Data - Either the indication for Pap test is wrong or a result is needed</i>				
One, Client	111-11-1111	Cervical Procedure	1	Pap test
<i>Missing Data - Enter the indication for the mammogram</i>				
Two, Client	222-22-2222	Breast Procedure	2	Mammogram (initial)

The Missing Data label is followed by a description of the problem. Client one has a record with contradictory information. The clients name and SSN identify the client. The Proc type and Cycle note which cycle; the problem is in Client One's first cervical cycle.

Check CaST Data Entry

Enter a date in the text box labeled Date Data Entered.

Check CaST Data Entry

Date Data Entered

Each time you add, update, or modify a record the system records the date the entry took place. This report extracts all the records entered, updated, or modified on or after the date entered in the “Date Data Entered” text box.

Montana Breast and Cervical Health Program

Audit Data Entry CaST Cycle or Procedure started on or after 02/10/2002 - Internal Report

Site -

Client Name - 000-00-0000

Breast

Cycle: 1	Planned	Final Dx: Invasive Breast Cancer	Tx Status: Started Treatment
		Final Dx Status: Complete	Tx Started: 2/10/2002

Procedure	Result	Proc Date	Paid	Reason for Mammogram or Pap test
Clinical Breast Exam (CBE)	Not done - oth/unk reason		No	
Fine needle aspirate (FNA)	Abnormal	2/15/2002	Yes	
Mammogram (initial)	Highly sugg of malig	2/10/2002	Yes	Routine screening mammogram

Cerv

Cycle: 1	Not planned	Final Dx:	Tx Status:
		Final Dx Status:	Tx Started:

Procedure	Result	Proc Date	Paid	Reason for Mammogram or Pap test
Pap test				Breast record only

Thursday, Feb 30, 2009

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1. A form wasn't skipped during the data entry process. If the client isn't on this list the client's data might not have been entered.
2. The data on the form isn't there. Check to see all procedures, results, etc. were entered. If it was entered previously it won't be on the report. For example, the Pap test was entered 1/1/2009, and the workup is planned. 1/5/09 a colposcopy was added to the cycle. The Date Data Entered was 1/5/09. Only the colposcopy would show up on the report because the date the colposcopy was done was on the date entered in the “Date Data Entered” text box.
3. Check that the data was entered correctly. Are there typing errors? Was a field missed?
4. Make sure the data was entered in the correct client's files. If there are procedures or a cycle in a client's record and the client didn't have a cycle or those procedures, go back through the stack of data entry and see if a client had those procedures. If you find a client with matching procedures, see if they were entered in record. If you entered a client's data in the wrong client's records, enter the procedures in the right client's records and call the state to have the records deleted that were entered in the wrong client's records.

Temp SSN

Temp SSN

Site Data Management	Audits	rpwwLast99SSNGrouped
SSN	Name_Last	Name_First
		DOB

Click Temp SSN. Find the last SSN in the list, add 1 to it and use that as a temp SSN for your client. If the last SSN is 999-99-9940 then the next available temp SSN

would be 999-99-9941. Also check the list to see if there is a missing number. E.g. The client using the temp SSN 999-99-9917 began using his/her real SSN and it's no longer in the list, then that SSN can also be used.

Women Sx FY Age Detail button

Women Sx FY Age Detail

This button prints 2 reports Use them to

5. Find data entry errors. If the client is in an age group that is wrong the date of birth or enrollment date may have been entered incorrectly.
6. To track the number of women who have been screened in a specific age group.

Montana Cancer Screening Program

Women Screened by Age Detail - Internal Report

Date of Last Procedure From 1/1/2009 to 06/30/09

99 - Somewhere County Health Department

FY	AgeGrp	Patient
0302	30-39	Four, Client - 444-44-4444
	50-64	One, Client - 111-11-1111

CaST SSN Not SDS SSN button

CaST SSN not SDS SSN

For each client entered in the Site Data System (SDS) after 2004 there should be a matching client in CaST. When entering data, check for the client by SSN. If the client isn't found, check by name and date of birth. This will limit the number of times a client has more than one set of records. They should have the same SSN, date of birth, and patient id. If the client has a record in one database and not the other usually

Montana Cancer Screening Program - Internal Report

Audit the Client's CaST SSN is Different from the Client's Site Data System SSN

Site	Patient ID	Last Name	First Name	SDS SSN	CaST SSN	Description
8	030001000000000	ClientOne	Test		111-11-1111	CaSTSSN not in SDS
	030001000000000	ClientTwo	Test		222-22-2222	CaSTSSN not in SDS
	030001000000000	ClientThree	Test		333-33-3333	CaSTSSN not in SDS

Instructions:

Don't change the SSN in any of the records

Circle the SSN that is correct.

Fax the report to the state data manager to have the SSN fields corrected.

Friday, May 08, 2009

Page 1 of 1

1. The SSN in one enrollment span is different from the SSN in the client's previous span.

Search for the client by using date of birth or last name in CaST and the SDS. Compare files. Look for an error in data entry or a client who gave a different SSN than in the previous cycle.

- Is there a similar client; with a different SSN but the same date of birth and last name?
- Does the similar client have the same first name, address, city, race?

2. If you have checked and the client's data is missing from:

A. the SDS:

- i. An enrollment span was or may have been overwritten. Indications of this are:

SDS Data					CaST Data		
	Enrolled	Closed	Status	Invoiced	Br Procs	CX Procs	Enroll Dt
Span1	1/15/06	3/6/06	Paid	3/31/06	2/1/06	2/6/06	1/15/06
					2/6/06		
Span 2	1/9/09	3/1/07	Paid	3/31/07	2/7/09	2/7/09	1/2/07
					2/2/2009		
Span 3					2/9/09	N/A	1/9/09
					1/15/2009		

- The enrollment date in the SDS is after the close date in the SDS.
Scenario: The enrollment date in the second enrollment span in the SDS is 1/9/09, the date closed is 3/1/2007.
- The enrollment status in the enrollment span is set to paid and there is an invoice date before the enrollment date.
Scenario: The status equals "paid" and the invoice date is 3/31/2007.
- There are more CaST cycles then there are enrollment spans in the SDS.
Scenario: The client has 2 SDS enrollment spans; 1/15/06 and 1/9/09
3 breast cycles with procedures in 2//06, 2//07, and 1/09.

2 cervical cycles with procedures in 2//06 and 2/07.

- There is a cycle in CaST with an enrollment date that doesn't have an enrollment span in the SDS.

Scenario: The client has 2 SDS enrollment spans; 1/15/06 and 1/9/09

The clients SDS enrollment spans are 1/15/2006, 1/9/2009.

The enrollment dates entered in the breast procedures are 1/15/06, 1/2/07, and 1/9/09

To fix this:

- Get the information from the overwritten enrollment span: In this case the 1/2/07 span (See the Enroll Date in the CaST Cycles to identify the date of the missing enrollment span.
- Re-enter the overwritten enrollment span: In this case open the enrollment span with the 1/9/09 enrollment date and overwrite it with the 1/2/07 enrollment span data. Click on the revised button to turn off the transfer option.
- Create a new enrollment span and re-enter the new enrollment data in the new enrollment span: In this case the 3 span would be the new enrollment span. Transfer the data.

- The data was never entered: To fix this enter the data, but first search for the client by name and date of birth to verify he/she wasn't entered with the wrong SSN.

Missing from CaST

- The enrollment span has not yet been transferred.
- The enrollment span was voided and the data was added later.
- The enrollment span was transferred and the enrollment date has changed.

Inactive Clients button

Click the Inactive Clients button to see a list of client whose status in CaST is not set to active. If a client's status is set to inactive his/her claims submitted to Montana Medical billing will be denied. Review the list to make sure the status is correct..

The client's status gets set to inactive as soon as an enrollment span is voided. When a new enrollment span is transferred to CaST, the status is set to active. The site may also set the client's status to inactive when the client receives Medicare or when a client is deceased after all the client's claims are paid.

Montana Cancer Control Program
Inactive Clients - Internal Report

Site: 1

Status: *Deceased*

Client

Last Name, First Name - SSN

Status: *Inactive*

Client

Last Name, First Name - SSN

Tuesday, March 03, 2009

Page 1 of 3

MAINTENANCE FORMS

The maintenance forms store data used by the Site Data system. Some of the information is maintained on an contractual site level and some is maintained on a state level.

Type	
Mailing/Phone Call	X
Face to Face	X
Mailing	X
Note without client contact	X
Phone Call	X
Phone Call/Mailing	X
*	X

Record: 1 of 6

Progress Notes Type Maint

Site Specific
The Progress Notes Type Maint button opens the Prog Notes Type Maint form, which lists the form of communication the contractual site used to contact the client. Each contractual site creates progress notes for their own site, editing, deleting and adding as needed. See Navigating forms. The progress notes types are used on the Enrollment Form, Patient Progress tab Control with the Progress Notes.

MAINTENANCE FORMS

- Progress Notes Type Maint
- FollowUp Status Maint
- Notice Maintenance
- Site Maintenance
- Insurance Company Maint
- Funding Source

Follow-Up Status Maint button

FollowUp Status Names	
1st Re-Enrollment Notice	X
2nd Re-Enrollment Notice	X
3rd Re-Enrollment Notice	X
Case Manage I	X

Record: 1 of 15

Site Specific
The Follow-Up Status Maint button opens the Follow-Up Status Maint form, which lists the follow up status of the clients. It is used to record the client's progress through the system. Each contractual site may choose their statuses. You can add, delete, or edit a record. See navigating forms. (See the main form, the Enrollment Form button, the Patient Progress tab control, FU Status. The data entered in the Follow-Up Status Maint table is used to create the Follow Up Status report and to populate the Status on the Follow Up Status field on the

Eligibility FollowUp

Patient Id: 0300010000:0000 FU Date: []

FU Needed: ☒ FU Status: []

No Pap: Liquid Based []

Pap Every 2 Years: ☐

Pap Every 3 Years: ☐

Follow up Comments and Special Notes: []

Eligibility Follow Up Section on the Patient Progress tab, on the Enrollment form.



Notice Maintenance button

Site Specific

The Notice Maintenance button opens the Notice Maintenance form, which stores the notices sent to the clients to remind them to progress through the system. The Notice Name is the name of the message you want to send the client, the name by which you chose a specific message. The Notice Description is the body of the letter on the notice. (See the main form, the Enrollment Form button, the Patient Progress tab control, the Generate

Notice button.)

You can:

- Rename a notice by typing in the notice name text box.
- Edit the Notice Description by typing in the Notice Description text box.
- Move through the descriptions using the navigation keys. (See Navigating the forms)
- Add a new record by clicking the arrow star button. 
- Delete a notice by clicking the red X button. 

Site Maintenance


Site Specific:

The Site Maintenance button opens the Site Maintenance form, which stores the contractual site contact information. This information is used to generate notices, (see the main form, the Enrollment Form button, the Patient Progress tab control, the Generate Notice button.) You can edit all the data in this form, except the Site Name. The data in this form is stored in the MCCP contractual database.

Insurance Company Maintenance button

Not Site Specific:

The Insurance Company Maintenance button opens the Insurance Company Maintenance form. The text box next to the label Company Name displays the insurance companies used by the MCCP clients.

To add an insurance company, look at all the insurance companies to make sure you're not adding a duplicate. To move through the records you can use the keys Page Up, Page Down, the arrow keys, or click the right and left arrows on the lower right of the screen. See Navigating the form. Once you are certain the insurance company is not listed, click the right arrow star button . This opens a blank record. Type the name of the insurance company in the text box next to Company Name.

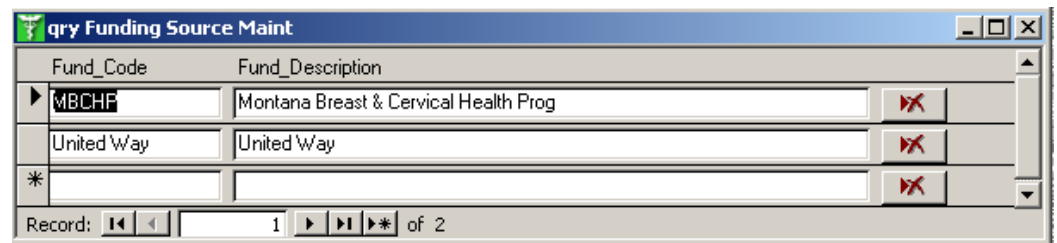
A screenshot of the 'Insurance Company Maintenance' window. It features a title bar with standard window controls. Below the title bar is a label 'Company Name' followed by a text input field containing 'Aetna US Healthcare'. To the right of the input field is a red 'X' button. At the bottom, there is a 'Record:' label, navigation buttons (first, previous, next, last), a text box with the number '3', and 'of 31'.

Don't delete an insurance company. The insurance companies are used by all the sites. They may use an insurance company that you don't.

Funding Sources

Site Specific:

The funding source maintenance form is used to enter and store the sources a site uses to pay the clients claims, including the MCCP. The drop down list on the follow up form, column funds is where the data from the funding sources is entered in a client's record. See Enrollment Form, Ethnic/Medical tab, Provider Referrals section, Form Follow Up button.

A screenshot of the 'qry Funding Source Maint' window. It has a title bar with standard window controls. The main area is a table with two columns: 'Fund_Code' and 'Fund_Description'. The first row shows 'WBCHP' and 'Montana Breast & Cervical Health Prog'. The second row shows 'United Way' and 'United Way'. The third row shows an asterisk '*' in the 'Fund_Code' column and an empty 'Fund_Description' column. To the right of each row is a red 'X' button. At the bottom, there is a 'Record:' label, navigation buttons, a text box with the number '1', and 'of 2'.

System Maintenance

Version: The version allows the developers to track the updates made to the system

Rights

Each user is assigned system rights that determine which part of the system is available and how much of the system is available.

Login

The Login is the state logon ID. This is your CS number. To have access to the state network you must apply for a logon id. When you sign the application for use of the state network you agree to their policies. Misuse of the state network is a misdemeanor in some cases, so you should read it. You can get a copy of the state policies at <http://ours.hhs.mt.gov/tsd/internetintranetpolicy.shtml> or ask the state data manager for a copy, or contact the state Information technology (IT) department at 444-9500

User Site

This should be your contractual site number. This number is used to limit the access of each contractual site to its clients. (See the Informed Consent and Authorization to Disclose Health Care Information.)

CSC FY

This is the year the contractual site is paid for the client's completed enrollment span

Revisions

If you revise any of the following fields you will need to notify the fiscal agent. You can fax a form to her at 1-406-227-7425

SSN,	DOB,
Name, Eligibility,	Health Insurance status,
Medicaid or Medicare B status,	Hysterectomy data,
Site,	Eligibility Date

Duplicate

If you enter a record twice in CaST or the Site Data System let the data manager know.

To delete a record Call the MCCP data manager

State of Montana, DPHHS, Intranet and Internet Policy

Users of the Site Data System are users of the state system and are responsible for complying with all policy concerning use of the state of Montana computer systems. Non-compliance can result in legal charges. Please read the following policy. If you have questions please notify the program manager(s) at the state Montana Cancer Screening Program.

The policies can be found at: <http://ours.hhs.mt.gov/policies.shtml>

Click DPHHS

Under Information Technology

Click Information Security & Data Access

Click Internet, Intranet & E-mail

State of Montana Department of Public Health and Human Services
Information Security and Data Access Policy
August 02, 2004

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- ii. NON-DPHHS EMPLOYEES SYSTEM/FILE ACCESS REQUEST (DPHHS-OM-300B)
- iii. Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

Information Security and Database Access Policy

I. Background:

The Department of Public Health and Human Services (DPHHS) is the designated single state agency responsible for the administration of: TANF, Foster Care, DD, Medicaid, Child Support & Welfare Services, Aging and Basic Support Programs, and numerous smaller programs assigned by Federal or State authority. In addition, DPHHS is the sole successor agency of those agencies previously providing these services. As such, program administration is defined to encompass all of the individual service areas under DPHHS' single agency jurisdiction. To properly administer these programs, the Department must collect vital records, information relative to the state's population and information on individuals and applicants for state services and benefits. This information is, in many cases, not releasable outside the actual collection unit without modification to preserve confidentiality of client records or without proper authorization based on a "need-to-know" for purposes related to the administration of Departmental programs. DPHHS has the responsibility for ensuring that confidential information under the control of the Department are not compromised, while at the same time ensuring that the programs are properly administered. Therefore, it is essential that the Department establish a policy and process that will validate any request for access to privileged information against a framework of legitimacy criteria designed to test the appropriateness of the request.

II. Policy:

It is the policy of the Department of Public Health and Human Services to protect the confidentiality of the DPHHS client information and to ensure that access to such information is restricted to legitimate purposes of program administration. This policy is not intended to provide a barrier to program management. Although each employee is expected to abide by the letter of the policy and their signed confidentiality agreements, there may be situations where special circumstances or effective management requirements would indicate a need to deviate from this policy. In this event, Division Administrators should refer the situation to the DPHHS Director or his/her designee, with a request for a change or exception to the policy or an exception to an individual's confidentiality agreement. The governing principle that must be followed is that only the minimum necessary client information will be shared on a "need to know" basis that is in the best interest of the client, effective administration of the program and the health and safety of Montana's citizens.

III. Applicability:

Certain agencies and organizations outside of, but with ties to, the Department also have a legitimate "need-to-know" relative to some program information. These agencies are defined as any organization, either public or private:

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- (1) That the Department contracts for specific services;
- (2) That has a legitimate need-to-know; and
- (3) With which the Department has a Business Associate Contract or a Memorandum of Understanding to protect the confidentiality of the information.

The collective term for combined Department and “contract” agencies will be the “Department/Contractor organization”.

Agencies and individuals outside this organization also occasionally request such information and may have a legitimate need-to-know. This policy and process is therefore applicable to both the Department/Contractor organization and all other agencies and individuals.

IV. Scope:

This document is intended to address requests for and sharing of, on a need-to-know basis, all information compiled and maintained by any component of the Department/Contractor organization relative to individuals or groups of individuals served by the organization, or any information utilized in the administration and management of programs assigned to the Department. Such information may be contained in computer databases including mainframes, mid-tier computers and PCs, or non-automated data files. Requests may range from one time, individual requests for specific and limited information to requests for continuous, direct electronic access to an entire computer database. Requests may originate from components within the Department/Contractor organization other than the custodial component, or from any agency or individual outside of this organization. The scope of this document will cover all possibilities within this framework.

V. Administration:

Administration of the policy and process for controlling information distribution will be the responsibility of the Information Security Officer. The function of this person is to:

- 1) Review and process all requests for release information made by entities outside the Department/Contractor organization after appropriate Division approval.
- 2) Review and process all requests for release of information from the originating Division to other Department/Contractor organizations that are forwarded by the Division Administrators (or their designee) for processing, and all requests from non-DPHHS entities approved by the Division Administrator (or their designee);
- 3) Periodically review access policies that affect confidentiality of information.

In all cases within this policy where the Division Administrator is authorized to release client information, the Administrator concerned may delegate approval authority and establish written rules and procedures within the division as desired to facilitate effective program management and policy compliance. Any such written rules and procedures must bear the approval signature of the Division Administrator and shall be reviewed on an annual basis to ensure continued compliance with this policy and the associated HIPAA policies.

VI. Priority:

This policy is intended to provide guidance to maintain the confidentiality of client information in situations where no other policy exists. This policy does not preempt federal policies relative to any individual program under the administration of DPHHS. Federal policies shall have precedence over any provision of this policy. In that all requests for information or access to information are submitted to Division Administrators (or their designee) for approval or review and comment, Division Administrators shall ensure that all State and Federal confidentiality requirements for programs under their purview are adhered to.

VII. Process:

Any process that controls dissemination of information must address the interests of the clients being served, on which the information are accumulated, as well as both the custodian and the requestor of the information. The process must also take into account the nature of the information involved in terms of the level of sensitivity relative to the privacy rights of the clients.

A. Sensitivity Levels:

In an effort to define categories of sensitivity on which to base access control measures, the following “sensitivity-levels” have been established

Level 1: This is information of a general nature about the characteristics of the population served by a program. Information is presented in such a way that individual clients cannot be identified from analysis of the information. Examples include: TANF population characteristics, such as average length of stay, mean payment level, and recidivism rate and; Medicaid client information such as the average age of clients, geographic distribution, and outcome analysis, such as relationships between preventive services and cost of care. Basically, Level 1 information represents information summary type information rather than individual-specific information.

Level 2: This is the client demographic and basic service information. Generally, Level 2 demographic information is program specific and is limited to information necessary to identify if an individual or family is known to the Department and to determine their program eligibility. Demographic information would be limited to name, address, phone number, date of birth and social security or other identification number. Service information would be limited to the type of service(s) received or being received, dates of service(s) and the component within the Department providing the service(s). Level 2 information is considered “Confidential” in that the fact that an individual or family is known to the Department and has received or is receiving services is controlled by the Department on a need-to-know basis, but is not considered to be “sensitive” information in terms of the following Level 3 definition.

Level 3: Information at this level is detailed information about an individual client’s personal background or previous and present services provided by the Department. Level 3 information is considered as “sensitive” information in that if the information is improperly used, serious damage could occur to the individual or family concerned. Examples of Level 3 information would include medical status and history including past and present conditions or illnesses, specifics of medical diagnosis or tests, treatment plans, family background, child support requirements and status if

Page 3

appropriate, financial status and specific information relative to the services provided by the Department. (See Section VII-B below for further definition.)

B. Determination of Sensitivity:

To be able to implement an access control process based on sensitivity-level classification, each Division must be able to determine the sensitivity levels associated with the client-specific information elements collected and maintained by the Division. By previous definition, individual information elements cannot, by themselves, be Level 1, in that Level 1 are summary information, or the sum, average, mean, etc. of many individual records of the same or combination of the same information element(s). All individual information elements therefore fall within Level 2 or Level 3 categories. For the purpose of structuring and administering this program, it will be sufficient to assume that those information elements that are not Level 3 will automatically be Level 2. The test for Level 3 classification is as follows: Any information element which, when taken together with client-identifying information elements would create “sensitive” information, is considered to be a Level 3 information element. An example of this would be a information element for medical diagnosis that shows “HIV positive”, together with a name or other identifying element. This would identify a specific individual as being HIV positive, a fact that could be damaging to the individual if improperly used. This would make the medical diagnosis element “sensitive” and as such would be Level 3.

C. Sources of Information:

To administer this program all sources of information that are subject to sharing must be identified. Each Division Administrator (or their designee) shall determine a listing of all such sources, including information located on the state’s mainframe, contractors’ systems, the Department’s mid-tier computer (RS6000), and all PC based programs, as well as all non-automated information files. These listings should include a brief description of the type, purpose and content of the information or file, where it is located and who the custodian and/or point of contact is. This information should be provided to the Administrator of the Operations and Technology Division (or their designee) for compilation and distribution and should be kept current at all times.

D. Requesting Information (Information):

1. Requests for information from within the Department/Contractor organization:

Level 1 requests made to a component of the Department holding the information, by another component within the Department or from a contracting agency, will be in writing and must be submitted to the specific individual or component holding the information, or to the appropriate Bureau or Division. Division Administrators (or their designee) shall establish internal procedures and policies regarding the maintenance and release of Level 1 information, and may

designate selected staff members who have authority to release such information. Requests for Level 1 information may be made informally and verbally if desired.

Requests for Level 2 information must be submitted to and approved by the Division Administrator (or their designee) of the Division having custody of the information. Division Administrators are responsible for ensuring that information provided is no higher than Level 2 information.

Level 3 information requests must be submitted to and approved by the Division Administrator (or their designee) of the Division having custody of the information. However, these requests may be deferred, at the discretion of the Division Administrator, to the Director or his/her designee for final action.

Requests for Level 2 and Level 3 information must be in writing, utilizing the appropriate form. (See matrix in paragraph 3 below). All requests must include adequate justification for receiving the information and list the specific information elements requested.

2. Requests for information from outside the Department/Contractor organization:

Requests for Level 1 information from outside the Department/Contractor organization must be in writing, and must be submitted to the Data Owner of the information. Division Administrators (or their designee) shall establish internal procedures and policies regarding the maintenance and release of Level I information, including requirements for written requests as desired, and may designate selected staff members who have authority to release such information.

Requests for Level 2 or Level 3 information must be in writing utilizing the “NON-DPHHS EMPLOYEE SYSTEM/FILE ACCESS REQUEST” form (DPHHS-OM-300B - attached). All Level 2 and Level 3 information requests must be initially submitted to the Division Administrator (or their designee) of the Division having custody of the information for review and comment prior to consideration by the Security Officer. (See matrix in paragraph 4 below).

All requests must include adequate justification for receiving the information, an explanation of how the information will be utilized and a list of the specific information elements requested.

3. Exceptions to Director Approval Requirements:

To insure that the administration of Department programs is not negatively affected by this policy, the following situations are exempt from Director approval requirements:

- a) The Division Administrator (or their designee) of the Division owning the information may approve requests from Department employees or Contractors' staff that require information to perform their assigned duties.
- b) The Department Security Officer must approve requests from Department employees or Contractors' staff that requires online information access to perform their assigned duties, with oversight authority for the information involved.
- c) Information which is required to link records from different information sets obtained from various Divisions, or to group records within a information set obtained from other Divisions, may be released by the Administrators of those Divisions (or their designee) in order to perform specific analyses for the purposes of public health research, assessment and assurance.
- d) Requests for information by County Public Health agencies relative to their own county only may be approved by the Division Administrator (or their designee) of the Division owning the information. Typically, this are information that has been provided by the county, has been assimilated into the system, compiled and is being provided back to the originating county.
- e) Approval for and confidentiality of client information provided to medical service providers relative to individuals' eligibility and other essential information is covered in the HIPAA PRIVACY POLICY #002 (Attachment iii) and in the provider enrollment agreements.
- f) Information may be released to one program in a DPHHS component by a different program in another DPHHS component where the two components have been asked to provide, or are providing, simultaneous services to the same client or family, and the process does not violate federal privacy and safeguard policy.
- g) Information that has been determined to be a matter of public knowledge may be released by the Administrator of the Division (or their designee) having custody of the information. An example of this would be the names of parents delinquent in child support payments, with the amount owed.
- h) Information may be released by Division Administrators (or their designee) to outside agencies or individuals where federal or state law requires or allows the sharing of information. Examples of this are: Sharing information on communicable diseases with

CDC; allowing access to TEAMS and SEARCHS databases to the Department of Justice for the purpose of fraud and abuse investigations; and providing information to individuals for purposes such as peer reviews. Division Administrators (or their designees) may provide a one time written authorization for routine, long term releasing of information to such Agencies or individuals by division personnel without written requests and approval for each occurrence. Such authorizations must be reviewed by Division Administrators (or their designees) on a semi-annual basis to maintain currency. In cases of releasing information to outside agencies, a memorandum of understanding with the outside agencies, or a signed DPHHS request form is required. For release of information to outside individuals, either a signed (information) request form as reflected above, or a separate, signed Business Associate Agreement is required.

4. Submission of Requests:

DPHHS or Contractor / Business Associate:

Sens.			
Level	Form(at)	Submit To	Approved By
1	Any Verbal or Written	Indiv/Div. Holding Info	Division Administrator or designee
2	DPHHS-OM-300A	Indiv/Div. Holding Info	Division Administrator or designee
3	DPHHS-OM-300A	Indiv/Div. Holding Info	Division Administrator or designee

Non-DPHHS or Contractor /
B business Associate:

Sens.			
Level	Form(at)	Submit To	Approved By
1	Any Verbal or Written	Indiv/Div. Holding Info	Division Administrator or designee
2	DPHHS-OM-300B	Indiv/Div. Holding Info	Division Administrator or designee
3	DPHHS-OM-300B	Indiv/Div. Holding Info	Division Administrator or designee

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Technology Services Division

Internet, Intranet, & E-Mail Acceptable Use Policy

Don't say, do, write, view, or acquire anything that you wouldn't be proud to have everyone in the world learn about if the electronic records are laid bare.

Scope: This policy applies to all Department employees and state contractors using DPHHS computers.

Policy Statement: Internet, Intranet and e-mail access provided by the department is intended for department business use, but limited access for personal use is allowed. The department encourages the use of the Internet, Intranet and e-mail, because they make communication and research more efficient and effective. Use of the department time, facilities, equipment or supplies for an employee's private business, either for profit or non-profit, is statutorily prohibited and is a misdemeanor crime, Section 2-2-121, MCA. Every employee and contractor has a responsibility to maintain and enhance the Department's image and to use the Internet, Intranet and e-mail in a productive manner. To ensure that all employees and contractors are responsible, the following guidelines have been established for use of the Internet, Intranet and e-mail.

Acceptable Use: Internet, Intranet and e-mail use is intended for state business purposes but employees may use these services for personal use with certain restrictions. Personal use may be permitted at the discretion of the employee's supervisor. Personal use of the Internet is not considered part of an employee's paid work time. The supervisor determines at what times during the day the Internet, Intranet and e-mail may be accessed for personal use by their employees. The supervisor may prohibit employees from using the Internet at any time. The Department of Administration manages Internet filtering (blocking) of individual websites or classes of websites. Requests for exceptions to any filtered site should be directed to the DPHHS Security Manager, who can also provide a list of currently filtered sites.

Misuse of Computer Resources:

The department-provided Internet, Intranet and e-mail access may not be used **at any time** for:

Transmitting, retrieving or storing any communication of a discriminatory or harassing nature, or materials that are offensive, obscene or x-rated. Examples of offensive, obscene or x-rated materials include but are not limited to: items, either pictures, movies or text, which describe or depict nudity, sexual activity, sexual offenses against individuals or other situations involving a sex act, or which describe or depict other bodily functions or situations which are inappropriate in business setting.

Knowingly transferring or allowing to be transferred to, from or within the agency, textual or graphical material commonly considered child pornography.

Any purpose which is illegal, or is against state or department policy.

For-profit and non-profit business activities including activities for service organizations not related to the job.

Excessive use for private, recreational or personal activities.

Gambling.

Raising funds for political candidates or issues.

Promoting political candidates in any way.

Promoting personal political issues.

Gathering information for furtherance of a crime.

Circulating chain letters.

Using personal e-mail accounts, such as Hotmail, Yahoo, AOL etc without permission from the DPHHS Security Officer.

Using computer resources to create, access, download, or disperse derogatory, racially offensive, sexually offensive, harassing, threatening or discriminatory materials.

Downloading, installing, or running security programs or utilities which reveal weaknesses in the security of the state's computer resources unless a job specifically requires it.

Use of computers and UserIDs for which there is no authorization, or use of UserIDs for purposes outside of those for which they have been issued.

Attempting to modify, install or remove computer equipment, software, or peripherals without proper authorization. This includes installing any non-work related software on State-owned equipment.

Accessing computers, computer software, computer data information, or networks without proper authorization, regardless of whether the computer, software, data, information, or network in question is owned by the State. (This means, if you use the networks to which the State has access or the computers at other sites connected to those networks for which you do not have authorization, the Department will consider this matter an abuse of your computing privileges, and violation of this policy.)

Circumventing or attempting to circumvent logon procedures, and security regulations, or exceeding the system's capacity limits by downloading excessive materials.

The use of computing facilities, UserIDs, or computer data for purposes other than those for which they are intended or authorized.

Breaking into another user's e-mailbox, or unauthorized personnel reading someone else's e-mail without permission.

Sending fraudulent electronic transmissions, including but not limited to statements intended to mislead the receiver and are known to be untrue, fraudulent requests for confidential information, fraudulent submission of electronic purchase requisitions or journal vouchers, or fraudulent electronic authorization of purchase requisitions or journal vouchers.

Violating any software license agreement or copyright, including copying or redistributing copyrighted computer software, data, or reports without proper, recorded authorization.

Taking advantage of another user's naivete or negligence to gain access to any UserID, data, software, or file that is not your own and for which you have not received explicit authorization to access.

Physically interfering with other users' access to the State's computing facilities.

Encroaching on or disrupting others' use of the State's shared network resources by creating unnecessary network traffic (for example, playing games or sending excessive messages); excessive use of using memory, bandwidth and disk space resources; interfering with connectivity to the network; modifying system facilities, operating systems, or disk partitions without authorization; attempting to crash or tie up a State computer; damaging or vandalizing State computing facilities, equipment, software, or computer files).

Disclosing or removing proprietary information, software, printed output or magnetic media without the explicit permission of the owner.

Reading other users' data, information, files, or programs on a display screen, as printed output, or via electronic means, without the owner's explicit permission. This does not prohibit supervisors having access to their employees' computers.

Generating, Receiving and Maintaining Electronic Records: All messages created, sent or retrieved over the state's system are the property of the State of Montana. Employees should not have expectations of privacy for any messages. In drafting or sending e-mail messages, employees should not include anything that would not be appropriate for dissemination to the public. E-mail communication must reflect professional and respectful business correspondence. Electronic communications will be monitored for performance, trouble-shooting purposes, and detection of abuse. In addition, employees should use their best judgment in sending messages that contain information required by law to be confidential.

Information Technology Services Division staff, during the course of their analysis, will monitor and report any access to a site or class of sites that does not appear to be work related and that is of sufficient volume that may be a potential capacity issue to ITSD management.

Communication sent or received by the e-mail system may be considered "documents" under Article II, Section 9 of the Montana Constitution or public records under section 2-6-101, MCA, and may be subject to public disclosure. Therefore, care should be taken in generating and maintaining these records. Release of information to a member of the public regarding an employee's use of the Internet or e-mail, or requests from law enforcement for records not otherwise available to the public involving an employee's Internet or E-mail records can only be approved by the appropriate Division Administrator. This does not preclude ITSD or any other agency from contacting law enforcement as part of an investigation initiated by the agency. Agency legal counsel should be consulted whenever a court order is served or an investigation involves contact with law enforcement.

Employees should consider the following to better manage e-mail activities:

- Employees should delete items from their in-tray and out-tray when they are no longer needed. If a mail item needs to be retained it should be moved to an archive folder, a disk, or be printed. Items placed in an employee's archive should be evaluated after six months to determine if they should be retained. Employees can contact the DPHHS Records Manager with any questions on retention schedules.

- Unsolicited mail should be deleted immediately. If the problem persists, contact the DPHHS Security Officer.

- Employees should check their e-mail with a frequency appropriate to their jobs and as directed by the supervisor. Employees who will be absent for more than one day should utilize the "out of office" feature, or make arrangements for a supervisor or co-worker to check for messages that need attention.

- It is possible to receive a virus when receiving e-mail, and some viruses are embedded in attachments. If you receive a suspicious e-mail, do not open it, but instead contact the DPHHS Technology Services Center at 444-9500.

- Some computer features increase e-mail traffic, and employees should strive to keep message and attachment sizes as small as possible. Avoid the use of graphics in auto-signatures or other parts of the message or attachments. Use of stationery should be avoided, as well as moving graphics and/or audio objects as they consume more disk space, network bandwidth, and detract from the message content.

- Users must log off the network at the end of each day and power off their workstations.
 - Department resources should be logged off when not in use.

- Users leaving their computers unattended for more than 15 minutes should consider logging off the network.

Reporting Violations: Users will cooperate with DPHHS Management concerning requests for information regarding computing activities; follow Department and State procedures and guidelines in handling diskettes and external files in order to maintain a secure, virus-free computing environment; follow Department procedures and guidelines for backing up data and making sure that critical data is saved to an appropriate location; and honor the Acceptable Use policies of any non-state networks accessed. Contact the DPHHS Technology Services office at 444-9500 for information on the policies and guidelines. Copies are attached.

Users will report unacceptable use and other security violations to their immediate supervisor, the DPHHS Security Officer or the Human Resources Office.

Each employee is responsible for the content of all text, audio or images that they place or send over Internet, Intranet or e-mail. No e-mail or other electronic communications may be sent which hides the identity of the sender or represents the sender as someone else. All messages communicated on the Internet, Intranet or e-mail system should contain the employee's name.

Copyright Issues: Department employees must honor copyright laws regarding protected commercial software or intellectual property. Duplicating, transmitting, or using software not in compliance with software license agreements is considered copyright infringement. Department employees shall not make copies of software or literature in violation of copyright laws without the full legal right to do so. Unauthorized use of copyrighted materials or another person's original writings is considered copyright infringement. Copyrighted materials belonging to others may not be transmitted by staff members on the Internet without permission. Users may download copyright material from the Internet, but its use must be strictly within the agreement as posted by the author or current copyright law. Copyrighted agency information used on web sites must be clearly labeled as such.

Training: Employees are required to attend e-mail training prior to using the State of Montana e-mail system. Training may include formal classes or on the job instruction. Employees should have the opportunity to attend training on the use of the Internet, but it is not required.

Internet Use Agreement: All Department employees having access to the Internet and E-mail must acknowledge that all network activity is the property of the State and should not consider any Internet activity to be private. An electronic form of the Internet Use Agreement is accessible (Public Folder and DPHHS Website) and is meant to ensure that every employee with Internet and E-mail access is familiar with the Department policy. Each user is required to read and understand the policy and acknowledge by completing the form.

Security: The department reserves the right to access and monitor any messages or files. Employees should not assume that electronic communications are private and should transmit highly confidential or personal information another way rather than by electronic means. Users are responsible for controlling the access to their computers, properly logging on and off the network, and not using another employee's UserID.

Contact the DPHHS Technology Services Center at 444-9500 with questions concerning this policy. You may also call this number for more information on the Information Security and Database Access procedures.

Violations of this policy may result in disciplinary action up to and including termination of employment with the Department.

<http://www.dphhs.mt.gov/>

<http://mt.gov/>

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```
/****** Object: View [dbo].[sdvwPatient_Inquiry_Totals] Script Date: 03/22/2011 14:47:08
*****/
```

```
SET ANSI_NULLS ON
```

```
GO
```

```
SET QUOTED_IDENTIFIER ON
```

```
GO
```

```
CREATE VIEW [dbo].[sdvwPatient_Inquiry_Totals]
```

```

AS
SELECT      MBCHPReimburse.dbo.retbl_HICF_Claims.[HICF Id],
MBCHPReimburse.dbo.retbl_HICF_Claims.[Patient Id],
            SUM(MBCHPReimburse.dbo.retbl_HICF_Detail.[Claim Amount]) AS Claimed,
SUM(MBCHPReimburse.dbo.retbl_HICF_Detail.[Paid Amount]) AS Paid,
            SUM(MBCHPReimburse.dbo.retbl_HICF_Detail.[Refund Amount]) AS Refund
FROM        MBCHPReimburse.dbo.retbl_HICF_Claims INNER JOIN
            MBCHPReimburse.dbo.retbl_HICF_Detail ON
            MBCHPReimburse.dbo.retbl_HICF_Claims.[HICF Id] =
MBCHPReimburse.dbo.retbl_HICF_Detail.[HICF Id]
GROUP BY MBCHPReimburse.dbo.retbl_HICF_Claims.[HICF Id],
MBCHPReimburse.dbo.retbl_HICF_Claims.[Patient Id]
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

CREATE PROCEDURE [dbo].[sdspBaseline_Search] (@LastName nvarchar(20),
@SSN nvarchar(11),
@DateofBirth datetime)
AS
SELECT      TOP 100 PERCENT dbo.csvwBaseline.Name_Last, dbo.csvwBaseline.Name_First,
dbo.csvwBaseline.Name_Middle, dbo.csvwBaseline.DateofBirth,
            dbo.csvwBaseline.SSN, dbo.csvwBaseline.Patient_Id,
dbo.csvwBaseline.Enroll_Date AS [Elig Date], dbo.csvwBaseline.Race1,
            dbo.csvwBaseline.Primary_Street, dbo.csvwBaseline.Primary_City,
dbo.csvwBaseline.Primary_State, dbo.csvwBaseline.Primary_Zip,
            dbo.csvwBaseline.Phone_Nite, dbo.csvwBaseline.PatientStatus,
dbo.csvwBaseline_User.ProgType, dbo.csvwBaseline.Gender
FROM        dbo.csvwBaseline INNER JOIN
            dbo.csvwBaseline_User ON dbo.csvwBaseline.Baseline_Id =
dbo.csvwBaseline_User.Baseline_Id
WHERE        (dbo.csvwBaseline.Name_Last = @LastName) AND (@SSN IS NULL) OR
            (@SSN IS NULL) AND (dbo.csvwBaseline.DateofBirth = @DateofBirth) AND
(@LastName IS NULL) OR
            (@LastName IS NULL) AND (dbo.csvwBaseline.SSN = @SSN)
ORDER BY dbo.csvwBaseline.Name_Last, dbo.csvwBaseline.Name_First, dbo.csvwBaseline.DateofBirth
GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

CREATE PROCEDURE [dbo].[sdspEligibility_Popup] (@PatId nvarchar(15))
AS
SELECT      Patient_ID, [Enroll_Date], SSN, DateofBirth, DateCycleClosed, DateClosedNotice,
Site,
            CASE WHEN [Health Ins] = 0 THEN 'No' ELSE 'Yes' END AS [Health Ins],
[Insurance Company],
            CASE WHEN [Medicad] = - 1 THEN N'Yes' ELSE N'No' END AS Mcad, CASE
WHEN [Medicare B] = - 1 THEN 'Yes' ELSE 'No' END AS MCare, ProgType,

```

```

CASE WHEN [Gender] = 2 THEN N'F' ELSE N'M' END AS Gender
FROM      dbo.sdtbl_Eligibility
WHERE      (Patient_ID = @PatId)
ORDER BY Patient_ID, [Enroll_ Date] DESC
GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

CREATE PROCEDURE [dbo].[sdspPatient_Inquiry_Detail] (@FY int,
@PatientId nvarchar(15))
AS
SELECT      MBCHPReimburse.dbo.retbl_HICF_Claims.[Date of Service],
MBCHPReimburse.dbo.retbl_HICF_Claims.[Office Date of Service],
            MBCHPReimburse.dbo.retbl_HICF_Claims.Name_Last + N', ' +
MBCHPReimburse.dbo.retbl_HICF_Claims.Name_First AS Name,
            MBCHPReimburse.dbo.retbl_HICF_Claims.FY AS FYN,
MBCHPReimburse.dbo.retbl_HICF_Claims.[Patient Id],
            MBCHPReimburse.dbo.retbl_HICF_Claims.SSN,
MBCHPReimburse.dbo.retbl_Providers.Provider_Id,
            MBCHPReimburse.dbo.retbl_Providers.Provider_Name,
MBCHPReimburse.dbo.retbl_HICF_Claims.[Patient Account],
            MBCHPReimburse.dbo.retbl_HICF_Claims.Primary_State,
dbo.sdvwPatient_Inquiry_Totals.Claimed, dbo.sdvwPatient_Inquiry_Totals.Paid,
            dbo.sdvwPatient_Inquiry_Totals.Refund,
MBCHPReimburse.dbo.retbl_HICF_Claims.[Claim Closed],
MBCHPReimburse.dbo.retbl_HICF_Claims.Notes,
            MBCHPReimburse.dbo.retbl_HICF_Claims.[HICF Id]
FROM      dbo.sdvwPatient_Inquiry_Totals INNER JOIN
            MBCHPReimburse.dbo.retbl_HICF_Claims ON
            dbo.sdvwPatient_Inquiry_Totals.[HICF Id] =
MBCHPReimburse.dbo.retbl_HICF_Claims.[HICF Id] INNER JOIN
            MBCHPReimburse.dbo.retbl_Providers ON
            MBCHPReimburse.dbo.retbl_HICF_Claims.[Provider Id] =
MBCHPReimburse.dbo.retbl_Providers.Provider_Id
WHERE      (MBCHPReimburse.dbo.retbl_HICF_Claims.FY >= @FY) AND
            (MBCHPReimburse.dbo.retbl_HICF_Claims.[Patient Id] = @PatientId)
ORDER BY MBCHPReimburse.dbo.retbl_HICF_Claims.[Date of Service] DESC
GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

CREATE PROCEDURE [dbo].[sdspPatient_Inquiry_Combo]
AS

```

```

SELECT      TOP 100 PERCENT REPLACE(dbo.csvwBaseline.Name_Last, CHAR(39), N' ') + N', ' +
dbo.csvwBaseline.Name_First + N' ' + CONVERT(nvarchar(10),
      dbo.csvwBaseline.DateofBirth, 101) AS Name,
dbo.csvwBaseline.Patient_Id
FROM        dbo.csvwBaseline INNER JOIN
      dbo.csvwBaseline_User ON dbo.csvwBaseline.Patient_Id =
      dbo.csvwBaseline_User.Patient_Id
ORDER BY REPLACE(dbo.csvwBaseline.Name_Last, CHAR(39), N' ') + N', ' +
      dbo.csvwBaseline.Name_First + N' ' + CONVERT(nvarchar(10),
      dbo.csvwBaseline.DateofBirth, 101)

GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

-----
--Created By:      Kevin Scherer
--Create Date:     03/05/2009
--Description:
--Example:         EXEC sdspPatientInquiryProcedureDetail 213369
-----

ALTER PROCEDURE [dbo].[sdspPatientInquiryProcedureDetail]
      (@HICF_ID int = NULL)
AS
SET NOCOUNT ON

BEGIN

SELECT d.[HICF Id],
      d.[Claim CPT Code],
      vcr.[Batch Number],
      d.[Office CPT],
      d.[Claim Amount],
      d.Quantity,
      d.[Auth Amount],
      d.[Insurance Amount],
      d.[Obligated Amount],
      d.[Paid Amount],
      d.[Date Paid],
      d.[Covered Charge],
      c.[Patient Account],
      c.[Date at Office],
      vcr.Cast,
      d.[ICD9 Code],
      vcr.Reason,
      vcr.[Voucher Number]
--      IIf(IsNull(tbl HICF Detail)![Voucher Number]),[tbl Voucher Claim Reasons]![Voucher
Number],[tbl HICF Detail]![Voucher Number]) AS [Voucher NUmber], c.[Date At Office]

FROM MBCHPreimburse.dbo.retbl_HICF_Claims c
      RIGHT JOIN (MBCHPreimburse.dbo.retbl_HICF_Detail d

```

```

LEFT JOIN MBCHPReimburse.dbo.retbl_Voucher_Claim_Reasons vcr ON d.[HICF Detail Id] =
vcr.[HICF Detail Id]) ON c.[HICF Id] = d.[HICF Id]

WHERE d.[HICF Id] = @HICF_ID

ORDER BY
    vcr.[Batch Number];

RETURN

END
GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

SET ANSI_NULLS ON
GO
SET QUOTED_IDENTIFIER ON
GO

-----
--Created By:      Kevin Scherer
--Create Date:     03/05/2009
--Description:
--Example:         EXEC sdspPatientInquiryProcedure 213369
-----

ALTER PROCEDURE [dbo].[sdspPatientInquiryProcedure]
    (@HICF_ID int = NULL)
AS
SET NOCOUNT ON

BEGIN

SELECT
    d.[HICF Id],
    d.[Claim CPT Code],
    MAX(vcr.[Batch Number]) AS [Batch Number],
    MIN(d.[Office CPT]) AS [Office CPT],
    MIN(d.[Claim Amount]) AS [Claim Amount],
    MIN(d.Quantity) AS Quantity,
    MIN(d.[Auth Amount]) AS [Auth Amount],
    MIN(d.[Insurance Amount]) AS [Insurance Amount],
    MIN(d.[Obligated Amount]) AS [Obligated Amount],
    MIN(d.[Paid Amount]) AS [Paid Amount],
    MIN(d.[Date Paid]) AS [Date Paid],
    MIN(d.[Covered Charge]) AS [Covered Charge],
    MIN(c.[Patient Account]) AS [Patient Account],
    MIN(d.Cast) AS [Cast],
    MIN(d.[ICD9 Code]) AS [ICD9 Code],
    MIN(vcr.Reason) AS Reason,
    MAX(CASE WHEN d.[Voucher Number] IS NULL THEN vcr.[Voucher Number]
        ELSE d.[Voucher Number]
    END) AS [Voucher Number],
    -- MIN(IIf(IsNull([tbl HICF Detail].[Voucher Number]),[tbl Voucher Claim Reasons].[Voucher
Number],[tbl HICF Detail].[Voucher Number])) AS [Voucher Number],

```



```

        MIN(c.[Date At Office]) AS [Date At Office]

FROM MBCHPReimburse.dbo.retbl_HICF_Claims c
     RIGHT JOIN (MBCHPReimburse.dbo.retbl_HICF_Detail d
                LEFT JOIN MBCHPReimburse.dbo.retbl_Voucher_Claim_Reasons vcr ON d.[HICF Detail Id] =
vcr.[HICF Detail Id]) ON c.[HICF Id] = d.[HICF Id]

WHERE d.[HICF Id] = @HICF_ID

GROUP BY
    d.[HICF Id],
    d.[Claim CPT Code]

RETURN

END
GO

SET ANSI_NULLS OFF
GO
SET QUOTED_IDENTIFIER OFF
GO

```